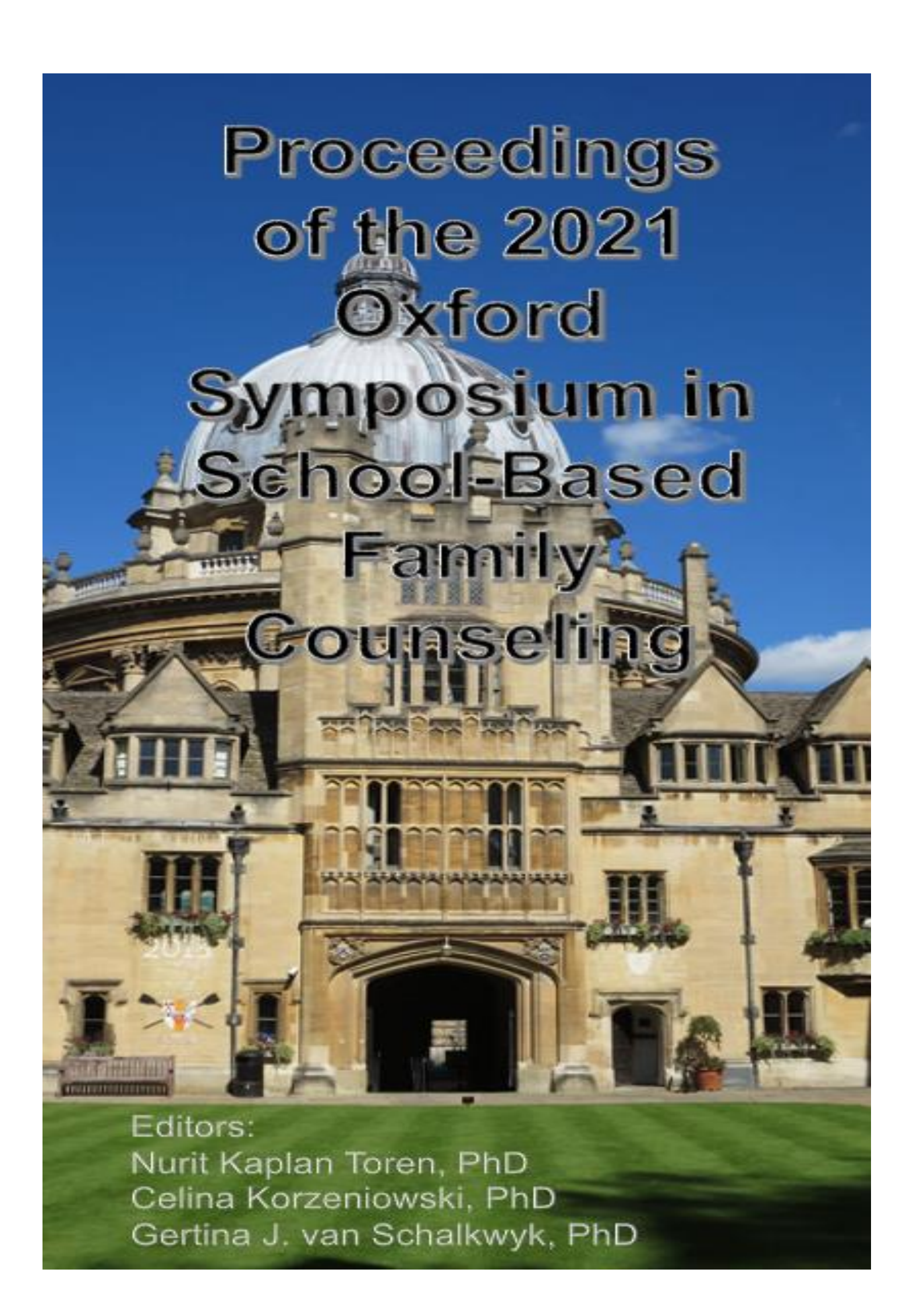


The background of the cover is a photograph of Christ Church, Oxford, showing its iconic central dome and Gothic architecture under a clear blue sky. The title text is overlaid on the upper half of the image.

Proceedings of the 2021 Oxford Symposium in School-Based Family Counseling

Editors:

Nurit Kaplan Toren, PhD

Celina Korzeniowski, PhD

Gertina J. van Schalkwyk, PhD

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In memory of
Dr Michael S. Kelly
Friend, Colleague, and
Visionary Leader in School-
Based Family Counseling

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FOREWORD

Dear readers,

Welcome to our second SBFC webinar proceedings. The following papers reflect the atmosphere in 2021. The COVID-19 pandemic that transpired the world over united us all with the insight that we must learn how to deal with stress and uncertainty. The COVID-19 pandemic continued to present many problematic consequences for humanity, we became more and more aware that it is critical to assist the most vulnerable population, our children. Urgent measures must be taken to assist children and to lessen the impact of the pandemic on their development.

School-Based Family Counseling (SBFC) is an integrative systems approach helping children succeed academically, and personally through mental health approaches. An SBFC approach to a disaster, such as a pandemic, involves the provision of disaster-related coping skills to parents, families, children, and school personnel. SBFC crisis intervention refers to remedial interventions that focus on creating a responsive trauma environment. In line with this postulate, in the present proceedings, five articles deal with the question of ***how society, students and teachers cope with the COVID-19 pandemic?***

In the first paper, Adegoke et al. using a multisite country pilot study collect data on the variety of effective coping strategies being used by adults around the world to reduce pandemic-related stress. Teachers, children and parents needs to adapt their behaviors to a new situation. In line with this postulate, Laundry et al. highlight school-based family counseling initiatives and illustrate first, second and third order changes that are being initiated by systemically trained practitioners to help students achieve and thrive during COVID pandemic. In the third paper, LeBroque et al. explore the remarkable way the Disastershock Global Response Team came together to review and update post-disaster resources and to develop a new suite of resources to help schools respond and recover during the global health crisis. Using the SBFC approach, team designed a range of resources to help address the impact of COVID-19 on students, their teachers, the school community, and educators in the tertiary sector. In line with this approach, Korzeniowski presents a set of evidence-based approaches and strategies for teachers to help children manage stress and promote executive functions during the COVID-19 pandemic. Finally, Deb and his colleagues examines the concerns of school students related to online teaching and learning and suggest a number of remedial measures for addressing them.

Other meaningful area of interest, the family and the school prevention and interventions strategies, is covert in the 2021 proceedings. The final group of papers express ways in which ***teachers and counselors could find strategies to cope with stress in schools***. For example, Nielsen describes teachers' experience practicing contemplative procedures in their education and work-life, and Schiraldi presents an effective strategy to help adults heal the hidden wounds from childhood that continue to "run their show" in adulthood. This webinar's proceedings end up with an insight of ***working with parent***. Gopaul-Knights using a case study methodology, highlights the cross-cultural effectiveness of School Based Conjoint Family Counseling in strengthening the parent-child relationship,

increasing communication and adaptive behaviors among Caribbean families. Finally, Shechtman describes an emotion-focused group therapy (EFGT) for parents, which main goal is for the parent to develop an intimate relationship with his or her child. Such a relationship is built on empathic understanding, the interplay of trust and loyalty, and the framework of emotional closeness.

School and family are the most significant environments for children. The proceedings of the 2021 Oxford Symposium in School-Based Family Counseling Webinar reflect how SBFC practitioners around the globe collaborate to create resources and strategies to deal with a global health crisis and help children, parents, teachers and counselors to thrive despite the challenges they face. We hope that these evidence-based research and postulates will enrich SFBC practitioners and encourage them to create coping strategies that promote links between school, family and community.

We wish to thank the authors for sharing with us their research, experiences, and knowledge, and hope that our readers will enjoy the fruitful proceedings of this webinar.

Editors,

Nurit Kaplan Toren

Celina Korzeniowski

Gertina J. Van Schalkwyk

1 Multi-Country Survey on Ways of Coping with the Stress of the COVID-19 Pandemic: School-based Family Counselling Implications

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ABSTRACT

This multisite country pilot study investigated the variety of effective coping strategies used globally to reduce the stress of the COVID-19 pandemic. A total of 74 participants from 12 countries were given in-depth interviews using a mix of open-ended and close-ended questions. Frequency distributions and thematic analyses were done. The findings suggest that four factors (social isolation, restricted activities, illness/death of a close person, and negative effect on finances) appear as critical trigger events associated with major pandemic-related stress. In contrast, the study found several protective factors (contact with others and with pets/animals, keeping busy, exercise, and having multiple coping strategies) appear to be associated with reduced pandemic-related stress. A hypothetical model regarding the relationship between factors triggering and mediating pandemic-related stress for future research is suggested.

KEYWORDS

Multisite; effective coping; interviews; protective factors; pandemic-related stress

INTRODUCTION

The evidence that the COVID-19 pandemic has had negative mental health effects, such as social isolation, anxiety, depression, insomnia, fear about the future, job insecurity, adjustment disorder and PTSD, is well documented in surveys of front line health professionals (Cabarkapa et al., 2020; Lai et al., 2020; Li et al., 2020); the general public (Brooks et al., 2020; Rossi et al., 2020; Shevlin et al., 2020; Vindegaard et al., 2020); children and youth (Batra et al., 2020; Chai et al., 2021; Fasano et al., 2021; Jing et al., 2021; Shukla et al., 2020) and parents (Adams et al., 2020; Avery et al., 2021; Idsoe et al., 2021).

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Reported factors associated with increased pandemic-related stress are: discontinued working activity, having a loved one die of COVID-19 (Rossi et al., 2020); having relatives who have contracted COVID-19 (Vindegaard et al., 2020); low socioeconomic status (Li et al., 2021; Mattos dos Santos, 2020); being in quarantine (O'Sullivan et al., 2021); being concerned about the quality of COVID-19 information (Khubchandani et al., 2020); financial loss (Brooks et al., 2020; Shevlin et al., 2020; Ogueji et al., 2021); having children at home, having a pre-existing health condition (Shevlin et al., 2020); being Black or Latinx (Stephenson, 2021); being female (Batra et al., 2020; Prowse et al., 2021; Vindegaard et al., 2020); social distancing (Williams et al., 2020); frequent social media use (Prowse et al., 2021); online schooling demands (Adams et al., 2020); family problems (Ramirez et al., 2021); fear of the unknown impact of the COVID-19 pandemic which results in anxiety and depression (Mahmud et al., 2020; Folayan et al., 2022).

Protective factors associated with decreased pandemic-related stress are: high level of confidence in doctors, perceived survival likelihood, low risk of contracting COVID-19, satisfaction with health information, ability to take personal precautionary measures (Wang et al., 2020); exercising, going outdoors, modifying routines, following public health guidelines, adjusting attitudes, staying socially connected (Finlay et al., 2021); doing family activities together, keeping in touch with family/friends virtually, keeping children on daily routines (Adams et al., 2020); problem-based coping (problem-solving) (Li et al., 2021); positive educational experiences, as well as practicing meditation and praying (Ramirez et al., 2021).

Towards the beginning of the pandemic, the Disastershock Global Volunteer Team (DGVLT) was formed to provide free psychological first aid globally. The team was subsequently renamed the Disastershock Global Response Team and its Ways of Coping Research Team was formed to assess the stress reduction and coping strategies used by people in different countries. The purpose of this pilot study was to collect data on the variety of effective coping strategies being used by adults around the world to reduce pandemic-related stress.

Studies on the mental health effects of the pandemic have been descriptive or correlational quantitative surveys documenting negative mental health impacts (Shamblaw et al., 2021; Gurvich et al., 2020). Relatively few studies have focused on positive coping strategies that can be implemented to manage pandemic-related stress. At the time this study was conducted we were only able to identify one study which focused on the coping strategies of parents during the pandemic (Adams et al., 2020). Therefore, we decided to conduct a mixed-methods hypothesis-generating study with both qualitative and quantitative components utilizing detailed interviews with a small convenience sample of adults in 12 different countries. A critical component of our research was a positive deviance research focus (Baxter et al., 2015) on coping strategies that seemed to differentiate persons coping well with the pandemic from persons experiencing high stress.

The purpose of the study was to identify best practices that may be of use in coping with the COVID-19 pandemic. The main research questions were:

1. What are the most helpful approaches used by adults to cope with the COVID-19 pandemic?
2. What differences are there between the coping strategies used by persons experiencing low pandemic-related stress and persons experiencing high pandemic-related stress?

METHOD

This was a pilot study that took place between December 2020 and July 2021. Using mixed methods, twelve members of the Disastershock Global Response Team each interviewed 5-8 people in their home country using the *Ways of Coping with the COVID-19 Pandemic* interview questions. A convenience sample from an adult population comprising of colleagues, friends, and acquaintances (of the DGRT) was interviewed, with an intention to balance the gender of interviewees. Participants from the following countries were represented in the study: Argentina, Australia, Canada, China, Czech Republic, Finland, Germany, India, Italy, Nigeria, South Africa, and the USA. Due to the social distancing mandates during this part of the pandemic, interviews were conducted over Zoom, telephone, or in-person (considering safety issues such as wearing of face masks and social distancing). The interviewers wrote participants' responses directly on the research survey. All interviewers had received online video training on how to administer the survey prior to interviewing study participants. The training focused on how to elicit information from participants especially using prompts (questions typical of qualitative inquiry e.g., "Can you tell me more about that?" and "What about it was most helpful?"). The research questions were a mix of open-ended, closed-ended, and 4-point Likert scale questions. Questions were asked concerning how the pandemic affected level of stress and behaviour; what aspect of the pandemic had been most stressful, participant's level of stress during the onset of the pandemic and in recent time; what were the things that helped the most to cope with the pandemic; what the level of seriousness of the pandemic was, and what the participants found to be the most helpful of coping strategies they had adopted. In addition, we obtained socio-demographic data on the participants. Ethical approval was obtained from the Western Institute for Social Research, IRB.

Data analysis was both qualitative and quantitative. Quantitative data were analyzed at the univariate level giving a display of descriptive statistics which were presented in tables and charts. The qualitative data was content and thematically analyzed. Question 1 (How the pandemic affected level of stress and behaviour?) and Question 2 (What aspect of the pandemic had been most stressful?) were combined because of their overlapping answers. Question 3 (What things have helped you the most to cope with the pandemic) was kept separate in the analysis. The data were rated by two raters, blinded to each other's ratings, and interrater reliability using Kappa statistic was determined. Altogether, the Kappa correlations were very high, indicating an almost perfect or substantial agreement between the raters. In the combined questions 1 and 2, there were only two subcategories where the Kappa score fell below .70, still showing a moderate agreement. The Kappa scores for question 3 were all above .63 for all the categories (81% were above $k=.70$)

except for the categories of “studying” and “following COVID prevention rules” where the Kappa scores were .58 and .61 respectively.

RESULTS

Table 1 below is a distribution of the participants (n=74) from twelve countries. The descriptive analysis highlights more females (63.5%) than males (36.5%). Also, there was a minimal representation (4.1%) in the most elderly population aged 80-89 years with more than a quarter representation (36.5%) in the age category of 20-39 years.

Table 1. Socio-demographic Characteristics of the Respondents

S/N	Country	No.	Male	Female	Age			
					20 - 39	40 - 59	60 - 79	80 - 89
1	Argentina	7	3	4	3	2	2	0
2	Finland	6	2	4	2	1	3	0
3	Canada	7	2	5	0	2	4	1
4	Germany	6	1	5	1	2	2	1
5	China	6	3	3	4	1	0	1
6	Italy	5	1	4	1	3	1	0
7	Nigeria	8	4	4	5	3	0	0
8	South Africa	4	1	3	1	3	0	0
9	Czech Republic	7	2	5	2	2	3	0
10	Australia	6	1	5	2	4	2	0
11	USA	5	3	2	1	0	4	1
12	India	7	4	3	6	0	1	0
Total		74	27	47	27	22	22	3

All the participants interviewed in South Africa (100%) indicated that a family member had become infected with COVID-19. This high incidence rate (85%) was also observed in Argentina, Czech Republic, and India. However, Finland (17%) and Canada (29%) had the least number of respondents indicating their family member was infected. Overall, 62% of participants had a family member who had COVID (Figure 1).

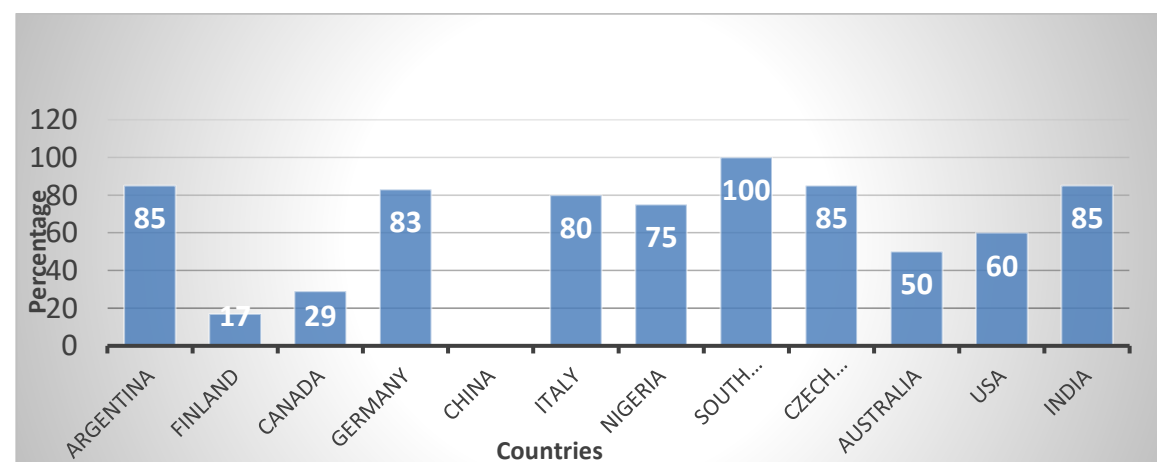


Figure 1. Percentage of respondents with a family member who contracted COVID-19

All the participants interviewed viewed the pandemic as very serious with Canada, Germany and USA indicating the impact to be very serious. Other countries similarly commented that the pandemic was moderately serious. Figure 2 below shows the bar chart presentation.

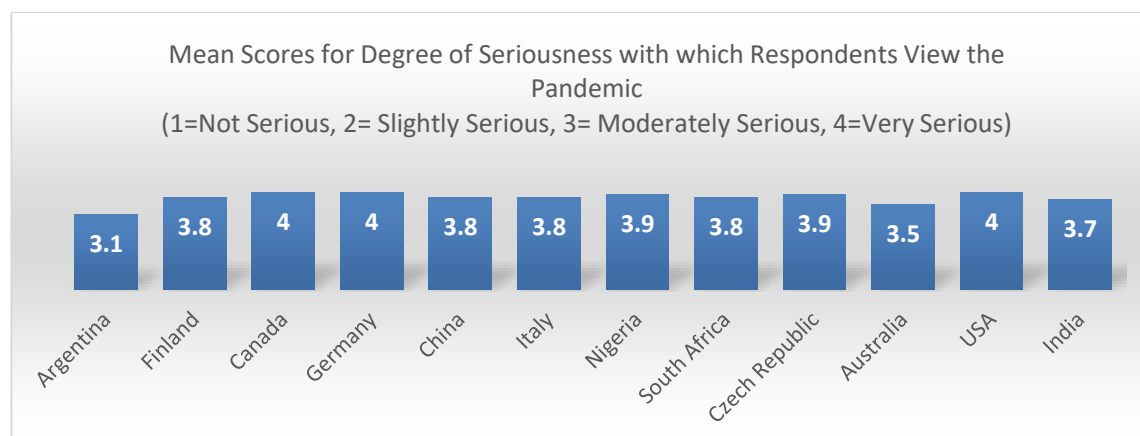


Figure 2. Participants views on degrees of seriousness of the pandemic

Helpfulness of Coping Approaches

Helpful coping approaches were assessed by Likert scale questions and the analysis was done on a scale of 1= least helpful to 4= most helpful coping strategy (see Figure 3). What ranked highest and as being most helpful in the coping approaches were talking to family member, listening to music, and watching movies. Similar observation in previous research is documented on coping mechanism which ranked high such as listening to music, watching movie/Netflix (Laniton et. al., 2022). What scored least helpful on the coping approaches were talking to a religious leader and a mental health professional.

Participants' Experience of the COVID-19 Pandemic

To analyze how the participants experienced the pandemic, there was a recategorization under five categories: Stress, Activity, Contact, Health, and Work, which is shown in Figure 4 below. There were negative effects that were experienced by the participants and that which ranked highest was the negative emotions which induced stress and restriction in their activity, movement. There were issues with finances and some people lost their jobs. Fear of getting infected with COVID-19 or a family member getting infected were endorsed. Wearing face masks and finding protective equipment (category Masks) was stressful only for a small number of the participants. There were positive effects of the pandemic endorsed as well as such being able to spend time with family during the stay-at-home orders at the onset of the pandemic.

The following are the most common categories for how the pandemic was experienced in greater detail along with illustrative quotes from the survey for each category. These excerpts were derived from open-ended questions on the research survey used to elicit narrative accounts.

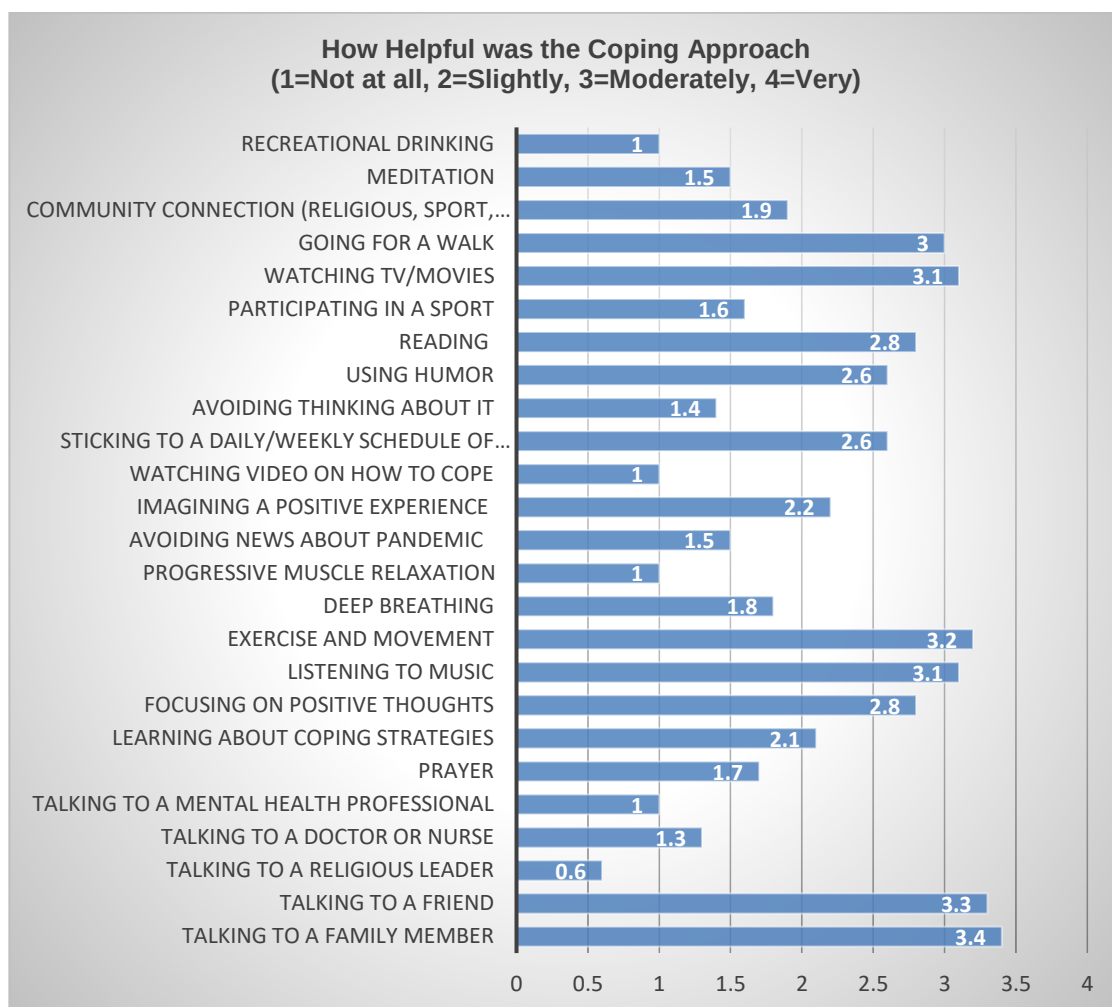


Figure 3. Mean scores (1 to 4 scale) for participants on helpfulness of coping approaches

Stress. A large number of the participants (66%) stated that they had experienced negative emotions, like irritation, depression, sadness, frustration and anxiety, during the pandemic.

In behavior, I have become an anxious person, my focus of attention lasts less time. For example: when I was studying, I could hold my attention for 50 minutes, now I can only hold my attention for 30 minutes. Being on the phone all the time, you become more impatient, more anxious, you expect an immediate response. (Female, 20-29yrs, Argentina)

Stress manifests in sadness, sense of loss, grieving for what I thought world was. Reality of pandemic — upset country, world of distressed, sadness in context of political scene. (Male, 70-79yrs, USA)

In addition, the uncertainty about the future created stress for few of the participants (26%).

I received a job offer overseas right before the pandemic, but I was not able to travel, and I had to turn down the offer. Now I have been unemployed for a while, and I am really worried about my future. (Female, 30-39yrs, China)

The general “not-knowing” about the future. I am a person who wants to plan. The total unpredictability [...] Is there a cure? (Male, 30-39yrs, Finland)

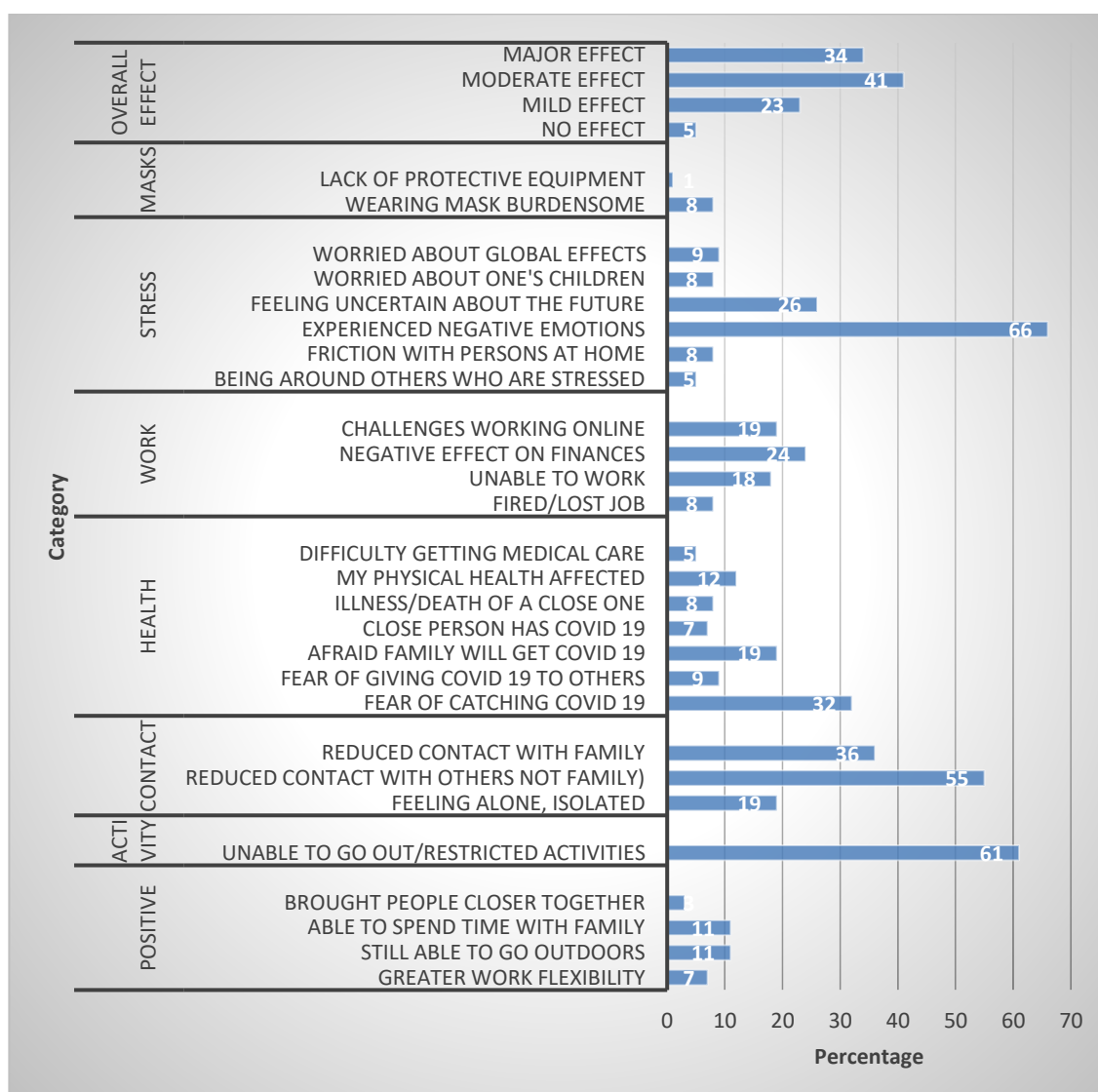


Figure 4. How the pandemic was experienced

Activity. Many of the participants' (61%) source of stress was that they were unable to go out or their activities had been restricted in some way.

Primarily, I was unable to visit bank and ATM to deposit term payments and withdraw money for daily expenses. [...] I was not even able to go out for purchasing medicines due to police chasing away people on the roads. On the other hand, online purchases were also restricted, and no home deliveries were available. (Male, 20 - 29yrs, India)

I am especially affected by the restrictions of my freedom to move about in a number of ways. [...] I regularly played tennis, took part in cultural events (music,

theatre etc.), had a weekly sauna routine, and cherish going out for dinner. All this is not possible and not clear when again it will be. (Male, 80-89yrs, Germany)

Contact. Over half of the participants (55%) stated that their reduced contact with others had been stressful for them.

I reduced contacts with people at work. I still avoid social relationships and have reduced almost totally contacts with friends. (Male, 60-69yrs, Italy)

Intensive and regular contact with family and friends almost disappeared [...] I miss contact with the world. (Male, 70-79yrs, Czech Republic)

Moreover, being apart from family members was a source of stress for some of the participants (36%).

Not seeing relatives on more frequent basis has been stressful, feeling of isolation is stressful. [...] Not having sit down meals with my sister, no more restaurants with family, big change. (Female, 40-49yrs, USA)

I was upset with the kids because every time I rang them, I burst into tears (adult kids), couldn't see them, felt isolated. No Easter, birthday, or Mother's day. (Female, 60-69yrs, Australia)

Health. A substantial number of participants (32%) had concerns for their health and fear of contracting the virus.

Fear of meeting someone new, for example a partner. Fear of intimacy due to mistrust, you do not know if the others take care of themselves. (Female, 50-59yrs, Argentina)

Increased my level of stress whenever I need to leave my home. During the first wave I would change my clothes after entering my home and took a lot of precautions. I am a lot more cautious when interacting with people, especially during the first 6 months of the pandemic. The fact that I could pick up the virus anywhere and spread It was always on my mind. Especially because there has been a large number of Covid-19 positive cases in my community. (Female, 20-29yrs, South Africa)

Work. Lastly, the pandemic inflicted challenges on some (24%) participants' life regarding their work and thus their finances.

The pandemic came with movement restrictions which halted my chances of going out to further my means of livelihood and engaging in my academic activities. All these had adverse implication on my mental health and essentially my finances. (Male, 20-29yrs, Nigeria)

I had just gotten engaged the week before everything locked down and had my dream job performing in a show. I had worked so hard to get to that point in my performing career and then suddenly the show closed, I was out of a job and moving upstate. (Female, 30-39yrs, Canada)

Ways of Coping Participants Found Most Helpful

Adaptive ways of coping with chronic stress, as is the case with a prolonged pandemic, has beneficial repercussions for physical health, mental health, education, and

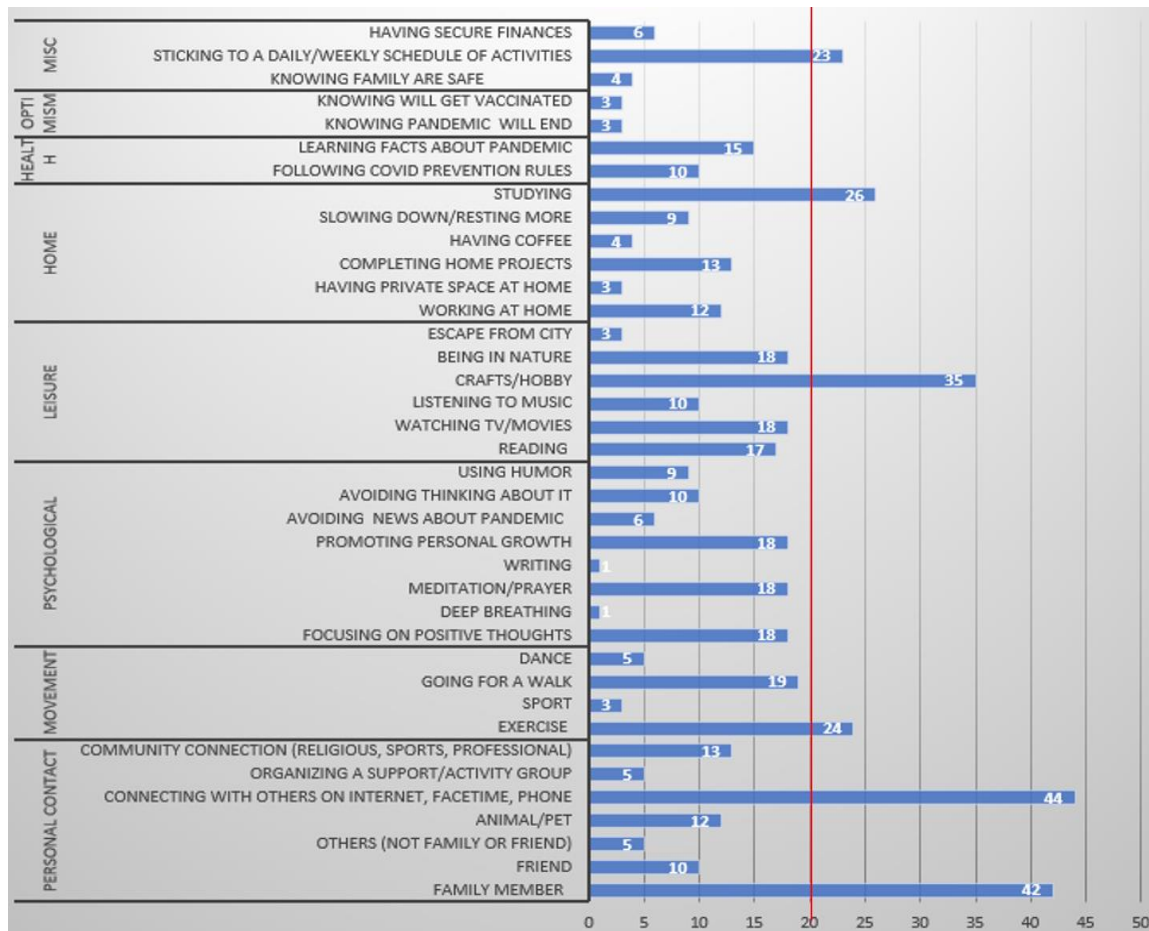


Figure 5. Percentage distribution of participants who found specific ways of coping most helpful during the pandemic

relationships. We asked participants to provide us with detailed descriptions of what helped them the most to cope with the stress of the pandemic, using standardized open-ended questions to gather data.

From our survey-based interview, we observed that participants found personal contact, physical movement, psychological resources, leisure activities, and home-based activities to be most helpful as coping strategies during the pandemic. We will go through each of these categories with some illustrative quotes from the participants. See Figure 5 below for a visual representation of our findings with the statistical distribution.

Personal contact. Contact with other people was observed as the most beneficial pandemic coping strategy. Participants found that connecting with others, either in person or online, was most stress-reducing. Participants coped best by being in contact with other people either family members or through online contact (42% and 44% respectively). This finding aligns with the research of Moore and March (2021) in Australia who observed the benefits of connecting via social media (Facebook, Instagram, Twitter etc.) and other forms of communication (phone calls, messaging), which would help mitigate the negativity of the pandemic. Participants also benefitted from community connections such as religious organizations or support groups.

In all other types of trauma you have each other; we didn't have that with COVID; we had to use alternatives; more use of social media and texting family and friends; I sent lots of photos and chats; When I finally got to see my family it was soooo good! (Male, 50-59yrs., Australia)

The feeling of comfort with the mindset that one is not alone was therapeutic as recounted in the statements below:

Love ties. Be connected with the people I love, through social networks. Feeling close to the other, not feeling distance, feeling accompanied; feeling that the same thing happens to us all. (Female, 50-59yrs., Argentina)

Being able to reach out to loved ones. Speaking freely - heart to heart - helped me to realize again and again that I am not alone however I might feel. How interconnected we all are. (Female, 40-49yrs., Czech Republic)

Which further forestalls individuals from going into depression:

Staying in contact with my friends and family – sometimes I had to push myself to make contact to avoid falling into depression. Even if I did not feel like making contact with them I knew that it helped me and made me feel better. (Male, 20-29yrs., Czech Republic)

Physical Movement. Data from numerous other studies show that exercise not only benefits physical health, but it benefits mental health and is a beneficial part of an integrative health plan for people with anxiety, depression, and physical illness (Coyle, et. al. 2021; Smit & Merwin, 2021). Physical movement is known to be a mitigator of stress in people. In our survey, movement was indeed shown to be a valuable coping strategy for participants. In the category called “Movement” it was observed that 24% of the participants benefitted from exercise as physical movement, and 19% of the participants said that going for a walk was a helpful coping strategy for reducing their stress. Some of the participants indicated that combined exercise and being with others was a helpful strategy. The excerpts below highlights this:

...And right from the very beginning, I thought, OK, what do I do about this? ... You know, I am not an island, and I can't live all by myself for the next year or whatever. So, I organized a walking group. A walking, hiking, golfing and snowshoeing group. Oh wow, it took me through all of the seasons. (Female, 70-79yrs., Canada)

I did a daily routine of physical exercise and when I could, I started riding my bike (alone or with my dad). I have always done physical exercise. It has helped me physically and mentally. It is a ground wire. It clears my mind and it helps me relax. When I exercise, it is a time to think about physical activity and not something else. It helps me to renew and continue. (Male, 20-29 yrs., Argentina)

Psychological Coping Strategies. Across the world, participants reported that they utilized psychological strategies to cope with the stress of the pandemic. Our data provide evidence that 18 % of participants used this pandemic time to focus upon positive thoughts, on personal growth, on meditation and prayer. Interestingly, very few participants benefitted from deep breathing or writing as coping strategies. These findings support

previous research on the use of psychological strategies to enhancing behavioral and positive well-being (Kanekar & Sharma, 2020; Ogueji et. al., 2021)

As illustrative examples, an older man said he benefitted from meditation:

...meditation to experience the calming, of (the) heart, non-resistance. Mental clarity to allow things to be as they are, allowing things to come and go without expectation or judgment. It was time for me to come home to myself. (Male, 70-79 yrs., USA)

In another part of the world, a middle-aged man said:

Psychological stability; try to keep calm via praying, self-talk, and meditation. (Male, 40-49 yrs., China)

Meditation turned out to be beneficial all over the world and this Canadian woman incorporated it into part of her daily routine, which is one of the other beneficial stress mitigating strategies common within our sample.

I have a strong belief in setting up my day with meditation to focus on bringing myself peace and awareness. Each morning I awaken, make myself a coffee and take the time to smell and enjoy it. Then I spend 15 mins meditating in my designated corner in my room. When I was feeling most stressed during the quarantine...it took a lot of work to get myself from a state of depression and anxiety to being functional. I would use guided meditations ... to calm and centre myself. (Female, 30-39 yrs., Canada)

And a man in the Czech Republic also found meditation to be a good coping strategy for social isolation. In fact, participants in most of the countries in our sample referred to meditation and prayer as being psychological resources, the following quotes illustrates that.

Having experience as a long-term meditator with retreats and (social) isolation. (Male 70-79 yrs., Czech Republic)

God...the praying attitude has improved my well-being during the pandemic. Prayers made life easy. Positive thinking. (Male, 40-49 yrs., Nigeria)

Leisure Activities. Many participants found leisure activities, both inside and in nature, helpful stress-reducers as they coped with the pandemic. A significant number of the participants (35%) responded that engaging in crafts or hobbies helped them cope. It's important to note that cooking was folded into the category of crafts and leisure, and many participants benefitted from cooking. Other people enjoyed reading (17%) watching movies (18%) listening to music (10%) and being in nature (18%). Other studies demonstrated that leisure and social activities helped mitigate mental stress during the pandemic in an elderly population (Rivera-Torres et. al., 2021); improving family life and the amount of time spent on indoor activities (Chin et. al., 2020).

Work on the chalet and the cultivation of flowers, fruits and vegetables in my garden in the spring, summer and autumn seasons. (Female, 60-69 yrs., Czech Republic)

I initially did funny things like wear accessories for a semblance of normality, I baked bread, started painting and registered for art therapy. Reading the Quran. (Female 40-49 yrs., South Africa)

...walking along the shoreline... and sitting on a boulder and watching the sea. Taking empowering photos of the nature and of me in nature... to watch how different (the sea) is every time you see it. The churning sea. The connection to nature. During the summertime spending many weeks in the countryside. Going to sauna and swimming in the lake. (Female, 50-59 yrs., Finland)

Whatever I did, I listened to all kinds of music. When I wasn't working, I did the house cleaning and cooking, listening to music from the eighties. So often we ate very late because everyone danced with me, including my dog! (Female, 50-59 yrs., Italy)

Home-Based Activities. Much of the world experienced shelter-at-home orders, and many people were home-bound during portions of the pandemic. Many places of work were closed as were recreation facilities and most non-essential services. Participants in this survey represented 12 countries where many activities centered around the home. Over a quarter of participants in the survey benefitted most from studying as a coping strategy. Other helpful ways to cope were completing home-based projects and being able to work at home, spending quality time with the family and experiencing milestones that would have been missed had they been working outside the home. Below are a few excerpts from the open-ended questions.

I made a systematic study plan to prepare for my interviews and to learn English. I scheduled my day by hours. I was able to focus on studying instead of paying too much attention (to) news of the pandemic. That helped to decrease my stress. (Male, 20-29yrs China)

Spending time with my sons and wife, preparing food, taking care of the house, talking with them. (Male, 60-69 yrs., Italy)

The possibility to spend time with (my) family. If I were working in the office, I would have missed my son's first steps. That I will remember forever. (Male, 30-39 yrs., Finland)

I had a rare opportunity to spend more time and give focused attention to my only child. My son is 3 and half years old and had difficulties in speaking and suffered speech delay as part of his developmental milestones...This was also partly due to the parental neglect, the authoritarian treatment at crèche due to which he also experienced separation anxiety...ultimately, he did not speak at all till 3 years. ...during the pandemic period I could spend more time and give him a lot of speech stimulation. To our great surprise he started to utter babbling words...during the pandemic period. This gave us an immense relief. (Female 30--39 yrs., India)

Daily/Weekly Schedule. An additional coping strategy that almost a quarter of all participants found helpful was creating a daily and weekly schedule of activities. Lack of predictability can be stressful, especially during times of fear and uncertainty, and can lead to mental ruminations and feelings which perpetuate stress. Creating a daily routine is known to benefit people during times when there is not much certainty.

It is most helpful to simply do the next thing I have to do: I wake up, I cook, I do laundry, I go grocery shopping, and then read with a glass of wine at night. Keeping my normal daily routines, as much as possible, gives me comfort. After a while I started to go to the nearby forest. Yes, I take an hour long walk every day. (Male, 70-79 yrs., Germany)

Structure. I scheduled meetings early, with cameras on, to force myself out of bed. With my students we have identified that routine and structure are helpful. To get myself out of my initial depression, I paid a professional. (Female, 50-59 yrs., South Africa)

One of the ways in which this study was unique was that the coping strategies presented here are “self-initiated” by participants in 12 countries as they had to develop their own internally driven coping strategies without direction from social services organizations, governments, or medical institutions. Future research might collate and utilize data from this cohort to develop protocols for larger populations to benefit from some of the positive coping tools which are highlighted in this study. Information gathered from this study, and other data compiled over the pandemic, might benefit future efforts to offer stress-relief strategies to global communities experiencing disasters. Offering emotional and practical resources to educators and parents has the potential to benefit children and mitigate the effects of trauma transmission to future generations.

Comparison of Participants on Mild Effect versus Major Effect of the Pandemic

The qualitative responses to questions 1 and 2 dealing with how participants were affected by the pandemic were rated using a 1 to 4 scale (1= No Effect, 2= Mild Effect, 3= Moderate Effect, 4= Strong Effect). Inter-rater reliability using the Pearson correlation coefficient was $r=.84$ ($n=44$). A comparison was made between respondents experiencing a Mild Effect ($n=17$) and those experiencing a Major Effect ($n=25$). Participants in the middle range (Moderate Effect) were omitted from the analysis as well as 3 participants who indicated No Effect (because of the small number). A comparison between the Mild vs Major Effect participants on how they experienced the pandemic is shown in Figure 6.

The following quotes indicate typical Major Effect and Mild Effect responses.

Major Effect

The pandemic affected me 100%. Being locked down and alone. I had a baby and I couldn't adjust to this new stage of life. My allergies increased and I lost my hair. I didn't want to go outside. I didn't want my husband to go to work, and I didn't want anyone to come to our home. I was very scared. Now I am a little more relaxed, but if a new situation appears (for example a family member or friend got COVID) I go crazy, I drank a lot of bleach and alcohol. The pandemic affected my friendships. I felt fear of getting together. Very afraid. I don't want to take my baby out to the square, it scares me. I get mad when I see a lot of people. I am afraid but not for me, for my parents and my husband's parents who are people at risk. (Female, 20-29 yrs., Argentinian)

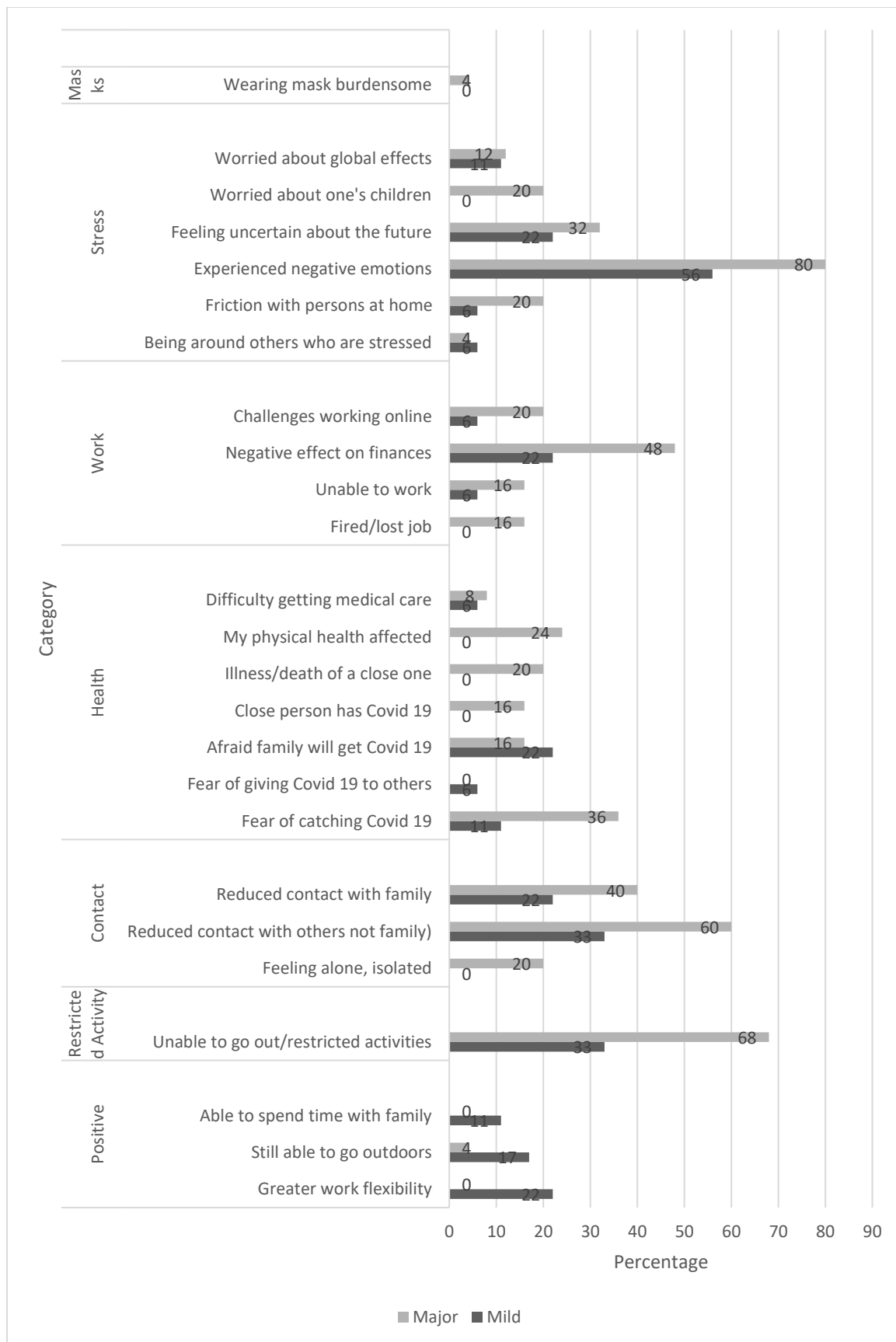


Figure 6. Comparison of Mild (n=17) vs Major (n=25) effect of the pandemic

Table 2. Effects of the Pandemic for which Major Effect Respondents Scored 20% Greater than Mild Effect Respondents

Category	% Point Difference between Major vs Mild Effects
Unable to go out/restricted activities	35
Reduced contact with others (not family)	27
Negative effect on finances	26
Fear of catching COVID 19	25
Experienced negative emotions	24
My physical health affected	24
Illness/death of a close one	20
Worried about one's children	20
Feeling alone/isolated	20

Mild Effect

Hasn't affected as much as it should have. In a way, I have been relieved what this has done to the environmental crisis. People don't fly as much as before. People have been forced to stop and think. When my own life challenging you feel that you are not alone because everybody has challenging time. Has created a sense of belonging. (Female, 40-49 yrs., Finnish)

Because of the small sample size, statistical tests were not performed. Table 3 shows the categories for which there was at least a 20-percentage point difference between the Mild and Major groups. The Major group appears to be more strongly affected by restricted activities, reduced contact with others (not family), having a more negative effect on finances, and experiencing illness or death of a close person. Future research should investigate these four variables as likely independent variables. Fear of contracting COVID-19, experiencing negative emotions, worrying about one's children, feeling alone/isolated, and having one's health affected suggest stress-related symptoms that may be related to other independent variables such as those listed above in Table 2.

Table 3. Comparison of Mild vs Major Effect Groups on Ways of Coping

Ways of Coping Strategy	% Point Difference	Group Scoring Higher
Exercise	23	Mild
Learning facts about the pandemic	22	Major
Connecting with family member	21	Mild
Connecting with others (not family/friends)	20	Mild
Home project	19	Mild
4 or more coping strategies	16	Mild
Reading	16	Major
Working from home	15	Mild

In Table 3, a comparison was done between the Mild and Major groups on the ways of coping used where there was at least a 15-percentage point difference between the groups.

The Mild group differed from the Major group in using exercise, contacting others (not family or friends), contacting family members, having a home project, working from home, and having four or more coping strategies. This suggests the importance of exercise (especially when one is confined at home), contact with others (to mitigate isolation), having work or home projects to keep one busy (a distraction from thinking about the pandemic), and having multiple strategies for coping. The findings regarding exercise and personal contact are similar to those in the Finlay et al., (2020) study. The Major group scored higher than the Mild group on “Learning facts about the pandemic”. This is similar to the finding in the Khubchandani et al., (2020) study which suggests that being exposed to too much information about the pandemic can be a source of stress. The Major group also scored higher on reading, which is a more passive activity than working or having a home project. Because of the small sample size, these observations may or may not indicate significant differences between the two groups. The implications of these findings will be discussed in the next section, and this would benefit further research.

CONCLUSION

Based on the abovementioned findings, the following model was developed which has embedded our hypotheses for future research (Figure 7). In our findings, social isolation, restricted activities, illness/death of a close person, and negative effect on finances appeared to be critical trigger events associated with high stress. In contrast, contact with others (and with pets/animals), keeping busy, exercising, and having multiple coping strategies appeared to be associated with low stress. An individual’s personality in terms of extraversion/introversion may also be an important mediating variable.

This observation is supported by a recent study investigating links between personality and stress mediators as crucial for building an efficient intervention in stress management during a pandemic (Lui et. al., 2021). For example, the prediction is that introverts would be more comfortable with social isolation and restricted activities than would extroverts. These are hypotheses for further research, but there is some evidence that people who tended towards extroversion and neuroticism experienced higher levels of perceived stress during the pandemic.

Interestingly, what were labelled “psychological approaches” to stress reduction did not differentiate between the Mild and Major groups (there was an average of only 3.75% separating the two groups). A possible reason for this is that there is a difference between traditional disasters (i.e., a tsunami or earthquake) which have sudden maximum stress that declines over time and chronic disasters like the COVID-19 pandemic which slowly increase in intensity and stay at a moderate level over extended time periods (Figure 8). Persons experiencing chronic disasters may benefit more from activities that are easily implemented on a daily basis as part of a daily routine and those which distract them from the constant disaster stress.

A school-based family counseling (SBFC) approach involves linking family and school mental health interventions to help children succeed academically and personally. An SBFC approach to a disaster, such as a pandemic, involves the provision of disaster-related coping skills to parents, families, children, and school personnel. The potential SBFC implications of our research is that families with children that are experiencing the trigger events in Figure 7 may need additional coping resources that mental health professionals could deliver directly to the family or through the school. For example, the SBFC disaster coping manuals: *Disastershock: How to Cope with the Emotional Stress of a Major Disaster* (available in 26 languages) (Gerrard et al. 2020) and *Disastershock: How Schools Can Cope with the Emotional Stress of a Major Disaster* (Gerrard et. al. 2020) are available as free E-copies on the website Disastershock.com. Both manuals contain over 20 practical suggestions (mostly evidence-based) for helping children and adults to reduce disaster-related stress.

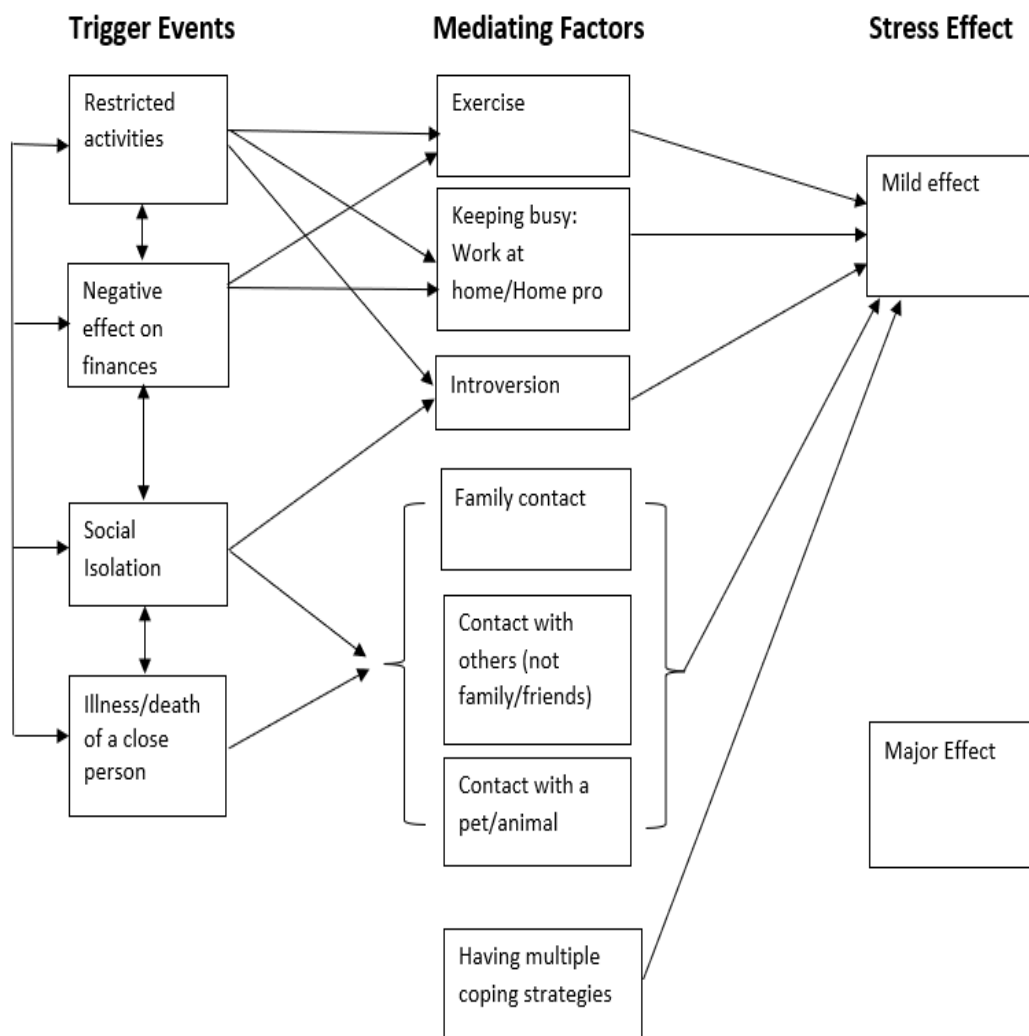


Figure 7. Hypothetical model regarding relationships between factors affecting and mediating pandemic related stress

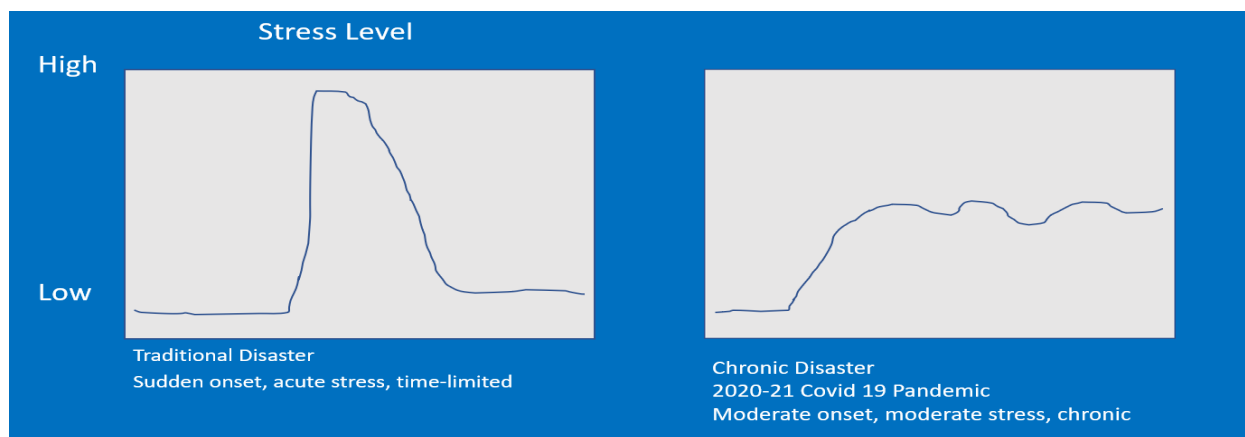


Figure 8. Comparison of stress caused by tradition and chronic disasters

One of the most significant differences between the Mild and the Major Effect groups in our study was the high percentage of persons in the Major Effect group (80%) experiencing emotional stress compared with the Mild Effect group (56%). The Disastershock manuals were written specifically to address these kinds of strong emotional reactions. Our findings also suggest that during chronic disasters (see Figure 8) additional coping strategies such as exercise, detailed projects that have a distraction effect and are easily incorporated into one's schedule, maintaining social contact, and employing multiple coping strategies may be very important.

Although the sample did not include children, the inclusion of helpful coping strategies identified by our study with adults, such as meditation, physical movement, and being in nature, should be investigated with children, as these strategies can easily be incorporated into students' class schedules following a disaster.

This was a pilot study using small convenience sampling in 12 countries. The study was intended to be a preliminary action research project that was hypothesis-generating. Based on these limitations we are not prepared to generalize our findings which are only preliminary at this time. Phase 2 of our research involves assessing the relationship between predicted independent, mediating, and dependent variables (presented in Figure 7) in a larger sample in different countries. We recommend more extensive research be done on coping strategies that can be employed by families, children, and educators, as well as health care professionals to mitigate the effects of pandemic-related stress.

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2 First, Second and Third Order Change in Schools: Systemic Lessons from the COVID-19 Pandemic

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ABSTRACT

Challenges introduced by the coronavirus pandemic and nation-wide social justice events illuminated disparities having potent effects across the world, leaders from the Family Therapy in Schools Topical Interest Network of the American Association for Marriage and Family Therapy began to examine first, second and third order change in their work with school-based clinicians and leaders across the United States. This paper describes the bimonthly workshops, newsletters, and other services they provide to support growth of the network of systemically trained school mental health practitioners across the US and the world. The authors highlight school-based family counseling initiatives and illustrate first, second and third order changes that are being initiated by systemically trained practitioners to help students achieve and thrive.

KEYWORDS

coronavirus,
social justice,
first, second and
third order
change,
multidisciplinary
collaboration

INTRODUCTION

The provision of special educational services in the US was originally based on a eurocentric model of service. That is, students with special needs have traditionally received Individualized Educational Programs (IEPs) of service following evaluation for specific individual categories of learning deficits. Public Law 94-142, or the Education for all Handicapped Children Act of 1975, established this precedent (Laundy, 2015). Since then, school-based family counselors and other systemically trained mental health practitioners have worked in schools and elsewhere to address an increasing range of variables that can contribute to student achievement and resilience. We refer to these variables as examples of first, second and third order change. Clinicians have sought

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therapeutic change not only in students themselves, but also in families, schools, communities, and cultures to support student success in more comprehensive ways. Systemic therapists refer to such change as first, second and third order levels of change, which imply change at increasingly broad systemic levels. The purpose of this paper is to address those variables, by first offering a definition of systemic levels of change and then providing illustrations our Topical Interest Network activities to further clarify these concepts. The following chart illustrates these levels.

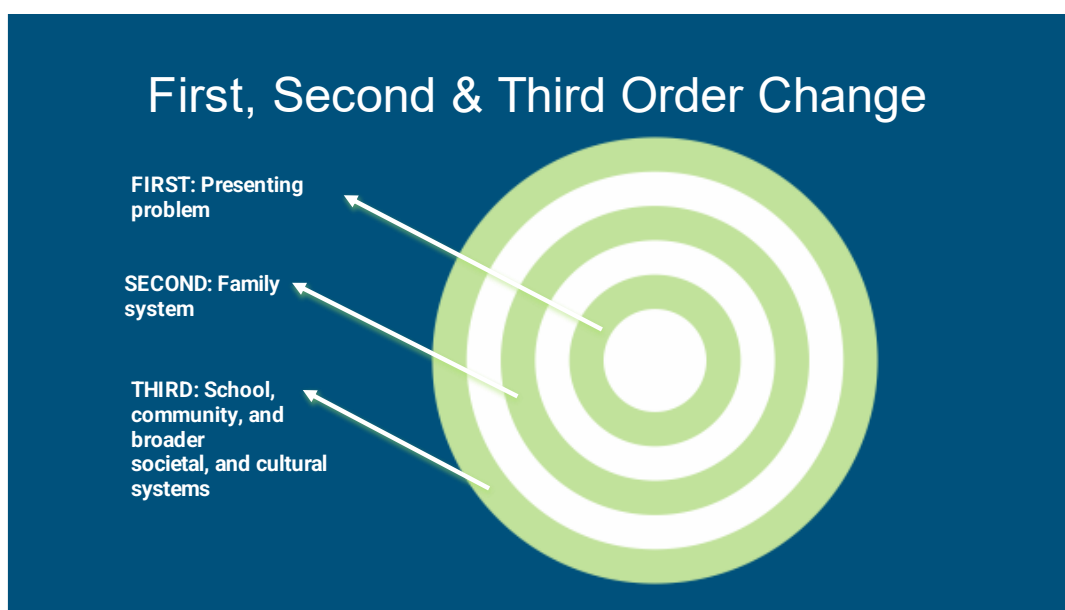


Figure 9. Orders of Change

First order change in schools, for instance, may involve improving a child's grades through specific tutoring. Second order change refers to additionally working with a family of a child with special needs and his teaching team, to collectively support both that child's academic success as well as his/her family's relationship with the school system. Third order change refers to addressing larger economic and cultural situations and practices that impact a student's ability to achieve and thrive.

As McDowell observes (2015), third order change is a relatively new concept in family therapy, but it is not actually a new practice. Early systemic theorists such as Bateson originally described several levels of learning in *Steps to an Ecology of Mind* (Bateson, 1972). Learning I or first order change refers to changing by correcting errors of choice within a certain set of alternatives. Learning II or second order change refers to change in the actual process of learning, or a change in how the sequence of experience is punctuated. Bateson refers to Learning III as a corrective change in the broader system of sets of alternatives from which choices are made (Bateson, 1972, p. 298).

Watzlawick, Weakland and Fisch (1974) observed that systemically trained family therapists often target second order change because systemic rules about how a family's structural functioning can be directly altered, along with behavior. Working at this second order level is thought to support more deep and lasting change and has been foundational in systemic clinical training over the past half century.

A powerful example of third order change in education occurred early in the pandemic when schools closed, and hybrid learning was established to help students have continued access to academics. Early findings from that period revealed significant gaps in how easily students were able to access learning materials and opportunities, based on their families' income, housing location and their academic achievement. Poverty and racism affected the achievement levels of many students who could not access technology and other academic supports during the coronavirus. In their book *Socioculturally Attuned Family Therapy*, McDowell, Knudson-Martin, and Bermudez (2018) describe third order change as recognizing the impact of even broader social systems on presenting problems, envisioning relatively equitable alternatives, and taking action to expand possibilities to transform lives (p. 8). The authors trace the actual and potential presence of first, second and third order change across ten major family therapy models, including structural, strategic, experiential, attachment, Bowenian, contextual, cognitive behavioral, solutions focused, collaborative and narrative family therapy.

According to J. D. Dear (1995), problems in schools often reflect the problems in society. He recommends that the solution to those problems lies in understanding the systemic nature and interdependence of schools, families, communities, and culture. Although educational programs and services vary across states and countries, the growth of first, second, and third order systemic interventions has resulted in more comprehensive, family friendly support for student success. American schools are increasingly partnering with health care professionals and families to build multi-tiered systems of support (MTSS) to help students achieve and thrive (Goodman-Scott, Betters-Boubon & Donohue, 2019). Health and education professionals are becoming increasingly attuned to the systemic impact of racism, poverty, and service access on student achievement, health, and resiliency. McDowell et al. (2018) also observe "that what has historically been understood as true or common sense often reflects the views and maintains the privilege of those with the greatest influence over its definition" (p. 22). Current events provide a timely, comprehensive opportunity for systemically trained clinicians to address first, second and third order change more fully in schools, the place where children spend the bulk of their time outside of the home.

As challenges introduced by the coronavirus pandemic and nation-wide social justice events illuminated first, second and third order disparities having potent effects across the world, leaders from the Family Therapy in Schools Topical Interest Network (TIN) of the American Association for Marriage and Family Therapy (AAMFT) began to examine first, second and third order change in their work with school-based clinicians and leaders across the US. This paper describes the bimonthly workshops, newsletters, and other services they provide to support growth of the network of systemically trained school mental health practitioners across the US and world. TIN leaders will highlight school-based initiatives and leaders they have showcased in their work to illustrate first, second and third order changes that are being initiated by systemically trained clinicians. They will also address their efforts to build multidisciplinary school relationships among health and educational partners in schools to help students achieve and thrive more comprehensively.

FAMILY THERAPY IN SCHOOL WITH TIN ACTIVITIES

The Family Therapy in Schools TIN has offered 14 virtual Zoom workshops since its inception in 2019, highlighting school-based clinicians, researchers, supervisors, and academicians from several parts of the United States and other countries. Presentations have ranged from creating integrated services for families in underserved populations, to reviewing social justice initiatives in schools impacted by school violence and introducing school-based crisis prevention and other intervention models. Workshop presenters have come from the field of education and the six licensed mental health professions of counseling, marriage and family therapy, nursing, psychiatry, psychology, and social work. The Family Therapy in Schools TIN leadership has worked to develop collaborative relationships with these school-based mental health colleagues to promote first, second and third order change in education.

Examples of Zoom Workshop Content

One such example of systemic school-based interventions highlighted in the past year was a workshop presented by TIN leader Dr. Anne Rambo of Nova Southeastern University (NSU), called Preventing Recidivism through Opportunities, Mentoring, Interventions, Support & Education (PROMISE) in Broward County, Florida. The PROMISE program was cofounded in 2013 by NAACP, local law enforcement agencies and the Broward County School system. Dr. Rambo consults with the school district and PROMISE program, and she oversees an innovative partnership between the school district and the MFT graduate program at NSU. The program started as a response to past zero-tolerance approaches and policies (such as frequent school suspensions/arrests) which were found to be “discouraging and detrimental to minority youth” (Collins-Ricketts & Rambo, 2015, p. 14). The program works to aid students in Broward County schools who have committed nonviolent crimes by offering them counseling, mentoring and academic and behavior support. MFT students from Nova Southeastern University provide family therapy to these youths and their families, and they work alongside the Broward County Sheriff’s office, the Department of Juvenile Justice, and other local agencies to support these students.

As seen in other parts of the country, students of color made up a disproportionately high percentage of all Broward County school arrests and suspensions: “In 2013, African American students made up only 40% of the Broward County School District’s student population; yet they accounted for 66% of suspensions and 71% of schoolhouse arrests” (Collins-Ricketts & Rambo, 2015, p. 15). Results from the partnership with the PROMISE Program speak for themselves. The percentage of students suspended dropped from 50% in the 2012-13 academic year to 8% in the 2013-14 school year, and arrests dropped in half from over 1,000 in 2011 to 500 in 2015 (Collins-Ricketts & Rambo, 2015, p. 15). Dr. Rambo’s work addressed first, second and third order systemic change in her workshop with the TIN.

Another workshop example is an interview held this year with Dr. Stephen Brock, a School Psychology Program Coordinator and Professor at California State University at

Sacramento. In this workshop, Dr. Brock, a lead author of the National Association of School Psychology (NASP) PREPaRE Crisis Prevention and Intervention Curriculum, described his cogent model for providing crisis intervention in schools. The acronym stands for Prepare, Reaffirm, Evaluate, Provide intervention, Respond and Evaluate the success of the Response. The curriculum addresses the need to carefully evaluate for traumatic stress before crisis intervention services are provided in schools. It also addresses the multi-tiered systems of support (MTSS) that schools can develop and provide once traumatic stress is evaluated. Like Dr. Rambo's work, Dr Brock's systemic interventions involve all three orders of change for students, educators, and families in communities who are affected by trauma.

Spotlight Newsletter

In addition to bimonthly workshops, a Family Therapy in Schools TIN publishes an e-newsletter several times per year. Featured are national and international clinicians and academicians as part of the "Meet the Member" section of the publication. The goals of these interviews have been to focus on specific leaders and their work within the field of school-based family counseling, and to build bridges of connection among members of AAMFT, the Oxford Symposium, and other school-based groups interested in systemic work in schools. Colleagues interviewed in the e-newsletter agree to answer a few brief questions about their interest in school-based family counseling, their current work and research and to provide their contact information. To date, nine leaders have been featured in the newsletter, ranging from school-based clinicians in Japan and Australia to professors in California, Kentucky, and Alabama, to systemic leaders in Arkansas, Washington, and Connecticut. Several Oxford Symposium Fellows have also been featured, starting with Dr. Brian Gerrard, Chair of the Board of Directors of Oxford. Each interviewee has an opportunity to share their areas of interest and multidisciplinary work and discuss their goals and hopes for the future of school-based family counseling.

Examples of First, Second and Third Order Interventions

The following three examples from our TIN leadership team who have facilitated the TIN events will illustrate the levels of first, second and third order change that we see happening in schools through the work of school-based family counseling professionals.

First Order Change. Dr. Wade Fuqua illustrates first order change dilemmas and solutions. After more than a year of social distancing, face masks, cancelled events, closed facilities, and other changes because of the Covid-19 pandemic, many people are likely excited about the possibility of returning to "normal" life with the increasing availability of vaccinations. The desire to return to normal can be very strong, yet many are finding themselves experiencing stress and negative feelings again, a predictable first order change related to the coronavirus pandemic. Many researchers, public figures, medical professionals, and mental health professionals have referred to the Covid-19 pandemic as a collective trauma, and many researchers are identifying that ongoing exposure to stress and anxiety decreases a person's health (Ries, 2021). As researchers are beginning to

understand the full impact of the pandemic on people, front line workers in both medicine and education are continuing to identify some initial awareness of changes they have experienced.

Ries (2021) writes about the relationship between experiencing a collective, long-term trauma such as the Covid-19 pandemic and a person's level of functioning, including amounts of sleep and exhaustion. People have not been able to experience a significant decrease in their stress with efforts while trying to stay safe, especially as the new variants spread across the globe, triggering a new intensification of personal safety mitigation strategies. Medical professionals have been the primary focus for discussions of self-care and managing burnout, yet schoolteachers and mental health professionals are also at increased risks of trauma and increased stress.

Initial research indicates that increased teacher stress throughout the pandemic is affecting students in the classroom as well. Teachers are one of the primary sources of safety and security for students, and it is nearly impossible for teachers to maintain a safe, supportive environment when they do not feel safe either (Ries, 2021). Sokal et al. (2020) identified a trend among Canadian teachers of increased burnout. This trend replicates a pattern of burnout and increased job dissatisfaction and quality of life ratings reported by Chilean teachers during the pandemic (Lizana, Vega-Fernandez, Gomez-Bruton, Leyton, Lera, 2021). There are multiple factors affecting decreased quality of life ratings for Chilean teachers identified in their research, and authors identify a significant source of stress from the increased dependence on technology and working from home.

Traditionally, teachers spend a significant amount of time working from home in their preparation for school by developing lesson plans, grading papers, and making other preparations. With school buildings closed during the pandemic, teachers began working their entire jobs at home, with no separation from work and home. While not unique to the teaching profession, this nevertheless increased stress levels and, as identified by Lizana et al. (2021), contributed to a first order change called "techno-fatigue" (p. 1). Ries (2021) writes about similar elements of increased fatigue experienced because of traumatic events. Particularly as people begin to consider returning to "non-pandemic life", individuals may experience increased exhaustion once the effects of a trauma response (needing to solve immediate problems and get through the trauma) begin to subside. Unfortunately, many teachers and school-based professionals are returning to work amid increased fears of Covid-19 variants that seem to be infecting children and vaccinated people at a higher rate than initial waves of the disease. Addressing this first order change, adaptation to the coronavirus pandemic, has posed some unique challenges to school personnel.

Mental health clinicians working in a school, including psychologists, marriage and family therapists, social workers, and counselors are often referred to as "school counselors". They traditionally maintain multiple roles throughout a school and serve the needs of students, parents, and school staff members. For many months now, clinicians have had to find ways to connect students and families with schools using technology, contributing to feelings of techno-fatigue. This is not an altogether negative experience for some, but it has been a complex systemic issue to address.

In the Spring 2020, the authors of this paper held a live Zoom discussion with 25 school based MFTs across the USA to identify strategies and experiences members had throughout the transition from practicing in school buildings to practicing via technology alone. Several participants working as school clinicians identified an increased amount of worry and stress they carry while working to make sure their students' needs are being met. Such worry includes basic food needs as well as "newly" essential areas of life such as access to technology. There was a consensus among those participating in the discussion that counselors must find new ways to connect students and families together with school. New questions were developing that most had not faced in their careers, such as how to validate a teacher's need to enforce homework expectations, while a student may be concurrently experiencing grief from the death of a family member due to Covid-19 or having a parent working in healthcare and quarantining away from home. All these examples led to school counselors rebalancing their different roles within the school-family, in order to be able to support the needs of all parties. Many school-based clinicians have struggled to maintain contact with families, maintain socioemotional learning instruction time, and continue providing direct counseling services to students and families (Meyers, 2020).

Research is emerging on the impact on schools of the Covid-19 pandemic, and Karaman, Esici, Tomar, and Aliyev (2021) identify multiple areas of concerns that school-based professionals identify for students when returning to schools. These include academic achievement deficits, social emotional difficulties after being removed from social interaction for an extended period, and behavior problems that develop from the adjustment back to the classroom environment. Each of these possible areas of focus require intense focus by both school clinicians and teachers. While these professionals likely have the knowledge and skill to address these problems, it is challenging to consider addressing these areas after having experienced the same trauma they are attempting to treat. The burnout and stress challenges as identified above have led to increased feelings of exhaustion, forgetfulness, and staff attrition. They require new skills and focus for professional development and staff self-care strategies to address this first order change for all school-based professionals.

Second Order Change. Systemically trained clinicians work in schools to not only help students directly to achieve. They also seek to address the second order challenges in families that can interfere with that achievement. Addressing second order change with families can help to strengthen student resiliency and boost achievement, as well as build collaborative health/education teams for students in schools to improve relational equity.

The following is an illustration from Michael Rankin, LMFT, of how second order change was fostered by an MFT who worked collaboratively with a child and family and the child's school system. The case involved a biological father and his wife, who was a stepmother to a seven-year-old son. They sought family therapy for their son as he was struggling to achieve in school. As a toddler, he was taken by his biological mother to another state for three years. The parents were not married, and the father experienced several frustrated months trying to locate and return his son. The father and stepmother sought support and direction from the family therapist. Later, when the father learned that

the mother moved back to the state, he went to court and was given the right to have supervised visitation with his son, with the goal of fulfilling the father and stepmother's wish for joint custody of the boy. At the time of referral, the son was falling behind in school despite attempts to provide him with educational support. The MFT worked with the father, the son, and the stepmother for 15 months before the father obtained joint custody. He also had contact with the biological mother. The therapist supported the development of an active collaboration between the family and the boy's school system, and he was able to work with both the biological parents and the stepmother.

Family therapy brought forth many new dimensions to the boy's life. He entered a more stable family structure, as well as a school milieu that was more organized and nurturing. The MFT encouraged his education and strongly emphasized his improved attendance at school. The boy found a new world view that made him feel that education was important, life had many fun adventures, and that parental support was more consistently available to him. The biological mother also changed some habits and became more responsible. Family therapy fostered positive relationships, so that the boy developed new beliefs about life and education. This was social justice happening to the young boy and his family. This second order change altered the family's rules and structure, as well as contributed to more positive achievement and resilience for the boy in school.

Third Order Change. As mentioned previously, third order change involves addressing broader sociocultural variables that affect the health and wellbeing of individuals, communities, and culture. Piercy states in his Foreword to the text of *Socioculturally Attuned Family Therapy* (McDowell, Knudson-Martin, & Bermudez, 2017) that "There is no more important issue in our field than how to provide culturally attuned therapy that appreciates the strengths of one's culture and family, identifies inequities, addresses inequities, and applies family therapies in a manner that addresses these inequities" (p. viii). Karl Tomm et al. (2014), MD at Calgary University in Canada has stated that the notion of "mental" has as much to do with the interactions that people have with one another as the internal state of those people. Tomm champions an approach to help families address broader issues that can constrain and dehumanize them. What Piercy, Tomm and we in the TIN endeavor to do is examine the social justice of dominant social discourses, the dynamics of broad social systems that constrain students and support inequity, either knowingly or unknowingly.

An example of third order change from our Topical Interest Network Zoom workshops involves an important current systemic initiative in northern California. As described by Eileen Klima (2019), the worldwide Covid 19 pandemic revealed there the need for broad systemic changes in the Northern Humboldt School District (NHUHSD) (Laundy, Cushing, Fuqua, Wallace, & Klima, 2019). NHUHSD is one of 28 school districts located in Humboldt County, a rural coastal area in northern California. Humboldt County has the largest population of indigenous people in the state of California. In October 2020, the American Civil Liberties Union (ACLU) released a report, "Failing Grade: The Status of Native American Education in Humboldt County" (Simon et al., 2020). The population in Humboldt County (Humboldt Co., 2017) is 81% white and 19% are Black, Indigenous and People of Color (BIPOC). The ACLU report also mentions that this statistic may not

reflect the true diversity of Humboldt County, because mixed races are not counted in the statistic (Simon et al., 2020).

During the pandemic, the school campuses were closed and resulted in most of the classroom learning happening online. This provided the opportunity for school officials and local agencies to collaborate to address areas of concern. Local agencies offered to help educate and train school personnel on race, social justice, and equity issues. This is the beginning of a long process; the immediate goal was to raise awareness that systemic change needs to happen, and that all community groups needed to work together to benefit the students and their families. The following is a small sample of the community members who worked along with NHUHSD educational and health faculty during the 2020-2021 school year.

Rain Marshall (Yankton Sioux Tribal member) works as an Indigenous Education Advocate for the Northern California Development Council. Her role is to assist parents, caregivers, students, and the community at large in education advocacy. She attends Individual Education Plan (IEP) meetings with families to make sure the rights of students are protected. She has conducted many professional development training sessions for teachers on the topic of incorporating Indigenous curriculum into the K-12 classrooms. In addition, she assists families get access to reliable Internet, laptops, and other technological devices to facilitate online learning. Another endeavor of her project is to create and execute Memorandum of Understandings (MOUs) with the local school districts to create a collaborative partnership with her organization and the school to assist the Indigenous student population reach better educational outcomes at the school. Her goal with the Indigenous Education Advocacy is to foster long term systemic change in the school systems to help facilitate the success and achievement of the Indigenous population.

Meredith Oram directs the pre-kindergarten-12th grade (TK-12) Humboldt-Del Norte Equity Partnership which is a collaboration across sectors to support racially equitable outcomes in schools that includes Equity Alliance of the North Coast, the Humboldt County of Education, and the Office of Diversity, Equity and Inclusion at Humboldt State University. She works as a Community Development Specialist, and a co-leader of this work with Sharrone Blanck, member of the first educator cohort with the group. Using ongoing professional development about implicit bias and the internalized, interpersonal, institutional, and systemic dimensions of racism, 1:1 coaching, and educator learner cohorts to grow the number of anti-racist educators, librarians, and administrators in the region, the Partnership works to create anti-racist policies and practices in schools that support BIPOC students, colleagues, and families. This work supports healthy school-based family counseling because it allows those working in schools to see beyond individual “good” or “bad” decisions to understand the historical and current contexts of the systems of privilege and oppression in which we navigate that impact students’ and families’ access to choice and opportunity.

Sharrone Blanck is the President of the Eureka Branch of the NAACP and a community member supporting the All-Humboldt Black Student Union (AHBSU) in Humboldt County. Sharrone facilitates listening sessions that provide high schools the opportunity to focus their equity work on actual current and past experiences of BIPOC

students and their families. During small group listening sessions, which include approximately 10 to 25 participants at the sessions, students, alumni, and families are invited to share their past and current experiences while school staff listen and express gratitude. Community members of color attend to balance the power in the space, letting the students and families know they have broad support, and letting the school staff know the community will hold them accountable to act on concerns raised and needs identified. School teams debrief the listening sessions and use what is learned to drive action steps on their equity teams. **This work supports healthy school-based family counseling because it keeps** students' and families' needs at the center of equity work. It promotes third order change because it holds community school leaders and institutions accountable to act towards racial equity.

The NHUHSD plans on continuing to work together with students, parents, community members and school officials to develop a healthier educational environment for all families regardless of race, cultural and sexual orientation differences. One of its next systemic goals is to compile a collaborative manual to list resources to address the sociocultural and educational needs of the community. This represents further important third order change in a rural coastal area of California in need of systemic support at several levels.

SUMMARY

In its third year of providing direction and support to school-based MFTs across the U.S. and Canada, the American Association of Marriage and Family Therapy's School-Based Topical Interest Network has been pleased to interview and introduce school-based family counseling leaders and initiatives across the US and Canada that facilitate systemic first, second, and third order change in powerful, effective ways. The aim of this paper has been to showcase several of these leaders and events, as well as the array of systemic levels that can be targets for intervention. Systems trained health professionals are in a unique position to address many needed levels of systemic service in schools. The work cited in this paper illustrates how effective interventions can be in school and health care partnerships on multiple systemic levels. Such partnerships call for further study and adaptation, especially considering the sequelae related to the current coronavirus pandemic and social justice events. Our AAMFT Family Therapy in Schools Topical Interest Network supports a new, broader order of thinking, to address needed first, second and third order changes in schools that fully support student achievement and resiliency.

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3 The Disastershock Global Response Team: The Oxford Symposium in School-Based Family Counseling Response to the 2020 COVID-19 Pandemic

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ABSTRACT

Using a School-Based Family Counseling approach, we designed a range of resources to help address the impact of COVID-19 on students, their teachers, the school community, and educators in the tertiary sector. The Disastershock Global Response Team played a critical role in intervening during the pandemic to promote student wellbeing, learning, and development, to support teacher skills and competency to support their students' learning and psychosocial development, and to help schools adapt to the changing environment to better support students, their families, and teachers. The resources were developed through the establishment of four related Disastershock groups. In this paper, fifteen members from the four Disastershock teams briefly describe their international relief work during the pandemic.

KEYWORDS

Student wellbeing, learning, teacher support, arts-based healing

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INTRODUCTION

School-Based Family Counseling (SBFC) is an integrated, systems approach with a central aim to promote academic success and development through mental health approaches that link school and family (Gerrard, 2022). SBFC recognizes that the family and school are the main social systems affecting children and SBFC practitioners work with both systems to enhance the well-being of children. The approach taken by SBFC is to strengthen family and school relationships, in contrast with more traditional mental health approaches that focus solely on school intervention or solely on family intervention.

SBFC is a systems approach, with the child and family at the center, that integrates the multiple systems that impact on a child's functioning, wellbeing, and development. With the main aim of promoting academic success, parents are encouraged to work in a collaborative partnership with the school. The family-centric approach of SBFC also makes this intervention more culturally congruent with a wide spectrum of cultural backgrounds. SBFC practitioners also work to promote change in teachers, principals, and the school environment thereby promoting school transformation (Gerrard, 2022). The *Disastershock Global Volunteer Team* prepared 26 language translations of the book *Disastershock: How to Cope with the Emotional Stress of a Major Disaster* (Gerrard et al., 2020) and made these available globally at no cost. In addition to these translations, the *Disastershock Global Response Team* further developed resources on the Disastershock.com website, including webpages for arts and recovery, healing lectures, and resources for educators. The *Disastershock Research Team* conducted a pilot survey titled: Survey of Ways of Coping During the COVID-19 Pandemic and interviewed 75 persons in 12 different countries. A paper describing the results from this survey is included in these Proceedings. The *Disastershock Educator Collaboration Team* developed the free eBook *Disastershock: How Schools Can Cope with the Emotional Stress of a Major Disaster* (Disastershock Educator Collaboration Team, 2021). The contributions for this paper have been collated from authors from each of the teams described above. The outputs from this collaboration have been significant and have been developed with the sole focus of improving the health and wellbeing of students, teachers, school communities, and the educators and mental health professionals supporting this community during these extreme health crises.

We explore the remarkable way a global team came together to review and update post-disaster resources and to develop a new suite of resources to help schools respond and recover during the COVID-19 global health crisis. We examine the experience and challenges of translating the resources for use in China, the collaboration to develop a Spanish language version, and describe how the team engaged with social media to distribute the resources.

We then describe the challenges of the changing school environment brought about by this health crisis and how schools can help in managing student distress. We provide an example of the resources available on the Disastershock website and examine the development and content of the Arts & Recovery section. In conclusion, we describe the next steps for our global collaboration and the significance of our work.

DEVELOPMENT OF THE DISASTERSHOCK TEAM

Developing a Global Collaboration During a Health Pandemic: A Remarkable Beginning

Some 35 years ago, a small team of five persons from the School of Education at the University of San Francisco assembled to write the *Disastershock Manual How to Cope with the Emotional Stress of a Major Disaster*. The manual was designed to support the San Francisco Bay Area families following the Loma Prieta Earthquake and partial collapse of the Bay Bridge in 1989 (Gerrard et al., 2020). The book contained 20 practical stress reduction exercises for parents and adults working with children to use to reduce stress related to natural and human caused disasters. It has been updated and distributed free to disaster locations around the world since 1989.

In March 2020, when it became evident that a dangerous pandemic was underway, two co-authors of *Disastershock* - Brian Gerrard and Sue Linville Shaffer—reconnected with each other after 35 years and decided to form a team that would translate *Disastershock* into as many different languages as possible and then distribute e-copies free. During the next 3 months a global team of 101 persons from 26 countries was formed and given the name Disastershock Global Volunteer Team. By September there were 26 translations of *Disastershock* available free for download at the team's website disastershock.com. In September, 2020 a smaller team (of about 30 persons) called the Disastershock Global Response Team was formed to carry on additional projects: refinement of the website, development of a *Disastershock* manual for school personnel, a Tip Sheet project for developing single sheet handouts containing useful tips for coping with disaster-related stress, videos for dealing with disaster stress, a *Disastershock* Facebook page, and a research project called the Ways of Coping with the COVID-19 Pandemic which involved interviews with persons in 12 different countries.

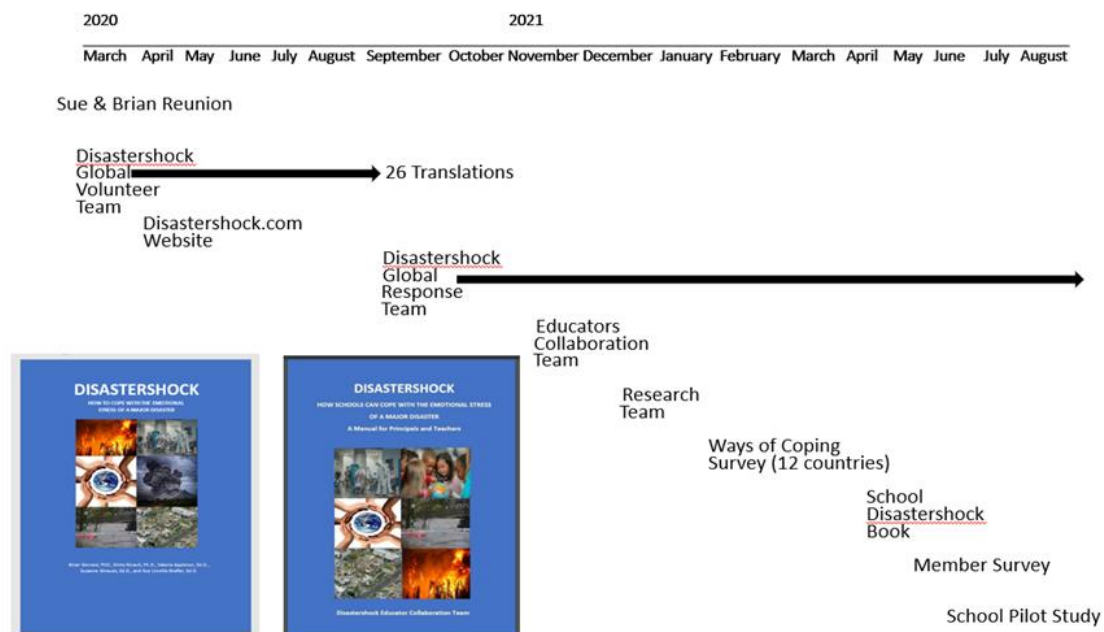


Figure 10. Timeline for DGVT Activities During the COVID-19 Pandemic

During January-August 2021 the Educators' Collaboration team completed the manual *Disastershock: How Schools Can Cope with the Emotional Stress of a Major Disaster* (Disastershock Educator Collaboration Team, 2021) which was posted on the website. During the same period the Research team carried out an action research project involving a survey of 71 persons in 12 countries on ways of coping with the pandemic, as well as a survey of how members experienced participation on the DGRT team. We also piloted the use of the *Disastershock* manuals in schools.

Our first realization was that the manual would need to be updated to address issues related to COVID-19 and that it would require translation into multiple languages. The available original authors (Brian Gerrard, Sue Shaffer, and Suzanne Giraudo) were invited to update the *Disastershock* book, and a team of translators was assembled. Translators were drawn from a number of sources. Sue Shaffer had recently retired from leading a culturally and linguistically diverse team of trauma and grief interns and associates and she invited them to join *Disastershock* as translators. In addition to these translators, Sue also contacted her international network. The response was immediate: It seemed this project appealed to people's wish to make a contribute to a suffering planet!

Sue was also enrolled in a year-long program, Applied Compassion Academy, through Stanford University in which there were 60 participants around the world. These included educators, physicians, community leaders, health care professionals, artists, and business professionals. Upon hearing about the project, a number responded and agreed to participate in translating *Disastershock* into their native languages. Brian contacted colleagues through the Oxford Symposium in School-Based Family Counseling, an international association, and received a positive response. The *Disastershock* Global Volunteer Team was launched! In 5-weeks the team had 80 members working on updating the *Disastershock* resources and undertaking 22 translations. In a few more weeks, over a hundred members and 26 translations were underway. Languages included English, French, German, Spanish, Mandarin, Vietnamese, Arabic, Farsi, Hebrew, Russian, Tagalog, Tamil, Yoruba, and many more. The translations were quickly uploaded onto our website, where they are available free. Free e-copies are currently available on KOBO and Amazon.

Elements that contributed to this remarkable success:

- Timing. We described the project and the contribution it might make to a suffering world. We learned from the overwhelming response that many people were looking for a way to make a positive contribution to alleviate suffering.
- We were fortunate to draw from a group of remarkable individuals. Those who responded were, to a person, open, generous, gifted, compassionate, and kind.
- We respected individuals' time by making the project time limited. We made it clear that people could make their contribution and when they were finished, they could leave.
- We were generous in crediting people. We added individual's names prominently on the website and on the covers of the books, and credited contributors as co-authors.
- We provided support and a positive, compassionate structure. We met without exception as a global team for one hour on Saturday mornings (Pacific Standard Time, USA).

Importantly, our work together was not focused on simply creating a valuable end product. It was also about creating an open-hearted space in which people shared about personal well-being, their families, their communities. We became a global team supporting one another in a meaningful project, building community, and sharing deep bonds of care. Despite different time zones!

A Global Project: Translation and Distribution Challenges

With the goal of developing truly global resources, several challenges emerged. In the following section, we examine the challenges of translating the resources for use in China and the collaboration to develop a Spanish language version. We also describe how the team met the challenge of distributing the resources by engaging with social media.

Translation Considerations: Disastershock in China

The Disastershock manual (Disastershock Educator Collaboration Team, 2021) was translated and introduced to Chinese society in April 2020 when the country was gradually recovering from COVID-19. The translation and distribution team were led by Assistant Professor Ning Tang, Coordinator for the Department of Social Work, University of Saint Joseph in Macau, China, with seven team members who were all practicing social work in mainland China, Hong Kong, and the U.S. After completing the translation, the manual was uploaded on the on-line social work platform and, within a short time, it had reached more 5,000 viewers. The manual was also adapted into Cantonese by Macau Caritas, a social service agency in Macau, and distributed to the public for free.

The manual was very straightforward to translate, however, we identified several cultural differences that needed to be addressed. For example, in the manual there are suggestions about how to relax and the example is by imagining lying down on a beach and feeling the cool breeze from the ocean. However, this does not generally apply to Chinese culture since the daily life of most Chinese people does not involve vacations at the beach. It might be hard for them to imagine things they are not familiar with. Thus, we added a statement in the foreword of the manual to remind manual users, when teaching people these techniques, to consider the cultural background. We also made adaptations to make the manual more culturally appropriate.

Promoting the application of techniques taught in Disastershock and the reflection of using and teaching the techniques among Chinese social workers, we organized an online reading club for 3-weeks in which 30 participants read and reflect on what they applied every day. We received very positive feedback from the participants. They received hands-on experience of using the skills taught in Disastershock and had a chance to reflect on what they learnt and applied.

Social work is developing rapidly in China which increases the awareness and recognition of the social work profession among Chinese people. In this context, Chinese social workers are essential in disaster relief work in terms of providing psychosocial support, especially in this post-pandemic period. We believe the resources developed and translated by the Disastershock collaboration to be very suitable during the COVID-19 period when educators and support people need some quick, direct, and effective

techniques to stabilize clients emotionally. We believe it will continue to play a role in disaster relief in Chinese communities.

Translation Considerations: The Spanish Version of Disastershock

During the hardest part of the COVID-19 pandemic, where confinement was the rule around the world, and thanks to the networking fostered by Brian Gerrard and Sue Shaffer, we were fortunate to connect with wonderful people and develop a humanistic project full of generosity, which in large part helped us to cope better the worst part of this crisis. The Disastershock's Spanish translation team consisted of five people all linked to work in helping people, mental health, and concern for social issues. The Spanish translation team led by Damián Gallegos-Lemos, family physician and family therapist, living and working in Madrid-Spain, consisted of Celina Korzeniowski, PhD, researcher at CONICET, Argentina; Sandra Sanabria Bohórquez, a certified Compassion Cultivation Teacher and mindfulness teacher, living and working in the Bay Area, USA; Sawyer Rose Norton, a student from Columbia University in New York; and Eliana Ponce de León Reeves, graduate of University of San Francisco.

The translation process was developed in several meetings based on "new way of working": Lots of e-mails back and forth, teleconferencing, and Google Drive. The work also included adapting Part 3 to the Spanish speaking community thanks to the experience in mental health from all of the team members; all resources in Spanish were searched, analyzed, and agreed on before including them into the Disastershock translation "En Tiempos de Desastre". Here are some feelings derived from this experience:

I enjoyed working with the Spanish translation team very much, I'm inspired by their commitment and energy. (Sandra)

I met Brian and heard about the project. I offered my help, and I became part of the Spanish Translation Team. It has been a wonderful experience, where I had learned and share with wonderful people. I am very grateful for letting me be part of this amazing project. It is a generous, large-scale humanitarian project that aims to help families around the world who are going through a disaster, such as COVID-19. I'm honored to be part of it. (Celina)

I have seen this grassroots project grow to an incredible size and believe the level of effort and compassion shown within the project is an example of a human kindness. (Sawyer)

The next challenge was to facilitate the distribution of Disastershock. Several strategies were planned, and interest groups were identified to achieve greater dissemination among Spanish speakers. For example, we contacted and coordinated actions with: Psychologist Association of Mendoza, Argentina; Educational Bureau of Mendoza, Argentina; National Scientific and Technical Research Council, Argentina; School of Psychology, Aconcagua University, Argentina; Mental health professional and educators from Argentina, Chile, and Uruguay; Minicol: NGO working with vulnerable kids and their parents in one of the poorest neighborhoods in Medellin, Colombia; Social workers involved with Latino kids and families in the Bay Area, USA; Columbia University and its

affiliates; UC Davis; several National Emergency Operations Committees in Latin-American Governments; Professional Associations in primary health care and mental health, Spain and Latin-American countries; University of the Americas (UDLA) Quito, Ecuador, Psychology Department and tele-health aid service; Tele-health platforms offering mental health care; as well as parents, family and friends. The response was positive and most of these organizations are now currently part of the Disastershock Global Response Team.

Meeting the Distribution Challenge: Disastershock Resources Through Social Media

The material in the book was urgently needed, and Colombian bi-lingual author, artist, and podcaster Lina Cuartas proposed that we needed a Social Media component to reach people in a larger scale. We had been contacting peer networks, professional associations, counselors, and schools, but the lockdown had forced most people to stay at home and the traffic on Facebook was a major source of information and content. Social Media has a unique power to broadcast and propose ideas that might be shared and re-shared, multiplying the reach of a single post. By posting our material on the Facebook page we created, we were meeting people where they were already seeking tools and concrete ways in which to manage their uncertainty while dealing with a disaster of any kind.

Information is powerful, and highly visual and engaging content can reach people of many ages who might not have otherwise been able to access our website or even known about our book. Clicking on one of our posts may be the initial encounter that leads a person to download the manual and share this new knowledge. This is how information becomes viral and spreads quickly within Social Networks.

We adapted our content throughout the different stages of the pandemic and in response to the many catastrophes that unfolded during the year 2020. The initial posts were highly visual, short, and engaging. We posted concrete ideas described in the book and included poetry, art, ideas offered by Bridget Steed, Suzanne Giraudo, and Ilene Naomi Rusk and slowly grew a network of Pages.

We interacted with Asian-American organizations when we needed to reach that specific population. We reached out to counselors, art therapists, mental health advocates and organizations, such as the Child Mind Institute, Hey Sigmund, Berkley's Greater Good Institute, and Art Therapy and psychology professionals. We also countered dis-information with accurate, science-based podcast suggestions, surveys and articles.

Our Facebook page is updated regularly. We will continue to collaborate with our Expressive Arts Team, as well as our Educator Collaboration Team, to incorporate new material. We also plan to generate more video and audio content in the future. Lina reported that, being part of the Disastershock Global Response Team has been rewarding and inspiring. Managing the outreach channel allowed Lina the opportunity to interact with people who found value and help in the Disastershock book and the content we have continued to generate, for that, Lina expressed gratitude for her experiences with the Global Response Team.

RESPONDING TO THE COVID-19 DISASTER: THE CHANGING CLASSROOM ENVIRONMENT

In this section we examine the role of teachers and schools during a disaster with a focus on the global pandemic. The Disastershock resources explored ways in which disasters may impact students and how we might identify and manage this stress. Here we give an example of how students in Japan responded to the Fukushima nuclear disaster in 2011 by becoming active helpers. We also explored how teachers can support families during this crisis.

Our work focused primarily on developing resources to support teachers in the classroom, however, we cannot overlook the role that school Principals have in planning for, and responding to, disasters. We provide a brief overview of this critical role. The resources we developed emphasize the importance of trauma informed schools in supporting students, their parents, and indeed, the whole school community, to navigate the impact of the global pandemic.

The Pivotal Role Teachers and Schools Play During a Disaster

When children are exposed to the trauma of a disaster, teachers, and other school personnel play an important role in supporting student's psychological health. Masten and Narayan (2012) note that functional schools are a widely reported protective factor for students. Le Brocque and colleagues indicated that "teachers are in a unique and well-placed position to provide vital support to children following natural disasters and other potentially traumatic events" (Le Brocque et al., 2016, p.3).

Dr. Carol Mutch, professor of critical studies in education at the University of Auckland, has spent several years researching the role of teachers and schools during disasters. Mutch's research has found that, when a crisis strikes, schools can offer a sense of safety, security, and continuity. Schools that are up and running signal a return to a semblance of normality and this enables parents to return to work or deal with the after-effects of the disaster.

While teachers are well-positioned to play a key role in the well-being of children during a disaster, there is a body of research that has indicated that teachers often feel unprepared to support students after a disaster. According to Mutch, "teachers felt that they needed a better understanding of what to expect and also how to identify and support students with trauma" (2020, p.6) suggesting there is a strong recommendation for providing in-service training for teachers. Johnson and Ronan (2014), who studied teachers and schools following the 2011 Christchurch earthquake, stated that "an overarching lesson is that communities would benefit from teachers being better equipped to provide emotional support and responsive disaster education to children after disasters" (p. 1087).

The Disastershock Educator Collaboration Team responded to the need evidenced in this research. The work produced by the Disastershock collaborations was designed to equip teachers and schools to serve their children and families during a disaster and may be found in the book: *Disastershock: How Schools Can Cope with the Emotional Stress of*

a Major Disaster. A Manual for Principals and Teachers (Disastershock Educator Collaboration Team, 2021).

The Challenge of On-line Learning. We explored ways in which educators could adapt and manage their classrooms to better respond to the emerging mental health challenges of ongoing school closure, limited social contact, and isolation, when schools were forced to close due to the pandemic. To begin with, we believe that teachers and the school community are in a unique position to monitor the reactions of children in their care and restore routines. Routines are important in regaining a sense of normalcy and control post trauma.

There were many emerging challenges of on-line learning. We examined how teachers could set limits for behavior and expectations within the classroom and in the online learning environment. One emerging theme throughout the pandemic has been the isolation felt by many in lockdown communities. To increase social support and foster connections between students, teachers can use a buddy system.

The school environment is where young people develop many of their social skills. We explored ways to facilitate the development of positive coping strategies in children and adolescents. Successfully negotiating the challenges of learning, developing, and thriving throughout the pandemic rests on the development of strong positive coping strategies, developing and maintaining social connectedness, preparedness for situations that may trigger distress, and focusing on the strengths and positives that we bring to this situation. We also emphasized the importance of teacher self-care through monitoring our own coping and looking after our own mental health following traumatic events.

Identification and Management of Stress in Students. The signs of stress for students of all ages includes a range of behaviors and expressed emotions. These include, but are not limited to: expressions of fear of the recurrence of the disaster, fear of separation and being alone, sleep disturbance and night terrors, loss of interest in school and peers, symptoms and diagnoses of anxiety and depression, and regressive behavior. Students exhibit stress in multiple ways, and these are often confused with a behavior problem and may be misdiagnosed.

It is important to understand the impact of stress and it is significantly increased in a disaster.

Kingston, age 8 is experiencing recurrent nightmares of family members who are ill with the virus and dying. He refuses to separate from his parents. He has withdrawn from interaction with peers and his school participation is minimal and covers the camera for virtual class.

Ayesha, 12 years old, has become very anxious and is pulling out her hair and eyelashes. She developed numerous somatic complaints of stomach aches and headaches. She has become very irritable with her siblings. She refuses to join any outdoor group activity such as participating on her soccer team.

James, 16 years old, spends hours a day playing video games. He has become withdrawn and has expressed suicidal thoughts to his grandmother. His grades have dropped and is not attending school regularly. Access to mental health services in his primary language of Mandarin have been difficult.

When children face a disaster, they feel vulnerable and experience anxiety and concerns related to danger and safety (Gerrard et al., 2020; Halladay-Goldman et al., 2020; Pfefferbaum et al., 2014). Teachers are in an excellent position to help them by creating a sensitive trauma-learning environment by:

1. *Promoting a safe, structured, and predictable environment:* Exposure to a disaster creates feelings of unpredictability and uncertainty. That is why it is important to create a school routine, maintain a clear and fluid communication with students, and to communicate to students and their families that the school has a plan to handle the disaster.
2. *Fostering connectedness and hope:* In the face of a disaster, contact with others may be restricted by distance, natural catastrophes, and diseases. Restricted contact with loved ones is one of the greatest stressors for human beings. That's why it is important to: provide moments when students can enjoy the company of their peers; let students know that they can discuss their concerns and fears with educators and school counselors; share stories of hope; and help students to identify and share with others their practices, activities, or rituals that give them hope.
3. *Promoting healthy habits:* Share videos, lectures, games that allow students to understand how a healthy diet and a good sleep are keys to coping with the crisis, as they help us to be physically and mentally healthy, improve performance in daily activities and help manage stress. Include in school activities: a walk in the park, an outdoor activity, introducing the practice of mindfulness in contact with nature.
4. *Using socioemotional learning practices:* Give students the opportunity to feel valued, practice self-compassion, and affirm their sense of competence. Encourage students to recognize their emotions and express themselves by art, such as drawing a picture about how their day is going or role playing the most important thing that happened to them that day.
5. *Applying evidence-based techniques for adapting coping and lowering stress:* Teaching students to use mindfulness, relaxation response and cognitive reappraisal can help them to relax and cope with tension, anxiety, or fear. Some techniques that can be embedded into school curricula are: helping students to stop and reframe negative thoughts, image a place of calm and wellbeing, using deep breathing and mindfulness. For example, "looking carefully" is a mindfulness technique that helps students to fix attention on a visual point and learn to control distractions. When our mind is restless, or when we are anxious or stressed, we look without paying attention and we stop seeing important things. One way to calm our mind is to observe our surroundings calmly and quietly for a minute and try to discover objects, details, colors that they had not observed before.

In a crisis or disaster situation, it is important that teachers help students to treasure their good deeds and reinforce their value and active role in the face of disaster.

Young People as Helpers During a Disaster

As children are vulnerable to trauma caused by disasters, we tend to believe schoolteachers and parents are the ones *to help children*, and that children *are recipients of help*. However, the opposite direction can be seen during and after the disaster. Ten years ago, the devastation from the Great East Japan Earthquake resulted in many people losing their loved ones, their homes, and many people living in shelters.

Following the disaster, Ms. Satoko Oyama issued a unique wall newspaper, called *Wallpaper FIGHT* (“UNESCO honors kids who created post quake newspaper”, 2012). She was only 7-years old and was in the second grade in the local primary school. Satoko found that the adults were discouraged and, to cheer up everybody in the shelter, Satoko and her friends reported only positive news each day. They issued nearly 50 *Wallpaper FIGHT* editions over 3 months. Satoko said adults were “now living in unfavorable circumstances but let’s fight for future! We will do our best” (Miyagi, Kesennuma-Fight Newspaper, Kawade Shobo Shinsha, Tokyo, 2011. Pp10-12). We may call her a positive deviant. Positive deviants can find better solutions to a problem than their peers, despite facing similar challenges and having no extra resources than their peers.

During the COVID-19 period, such positive deviant children were found in many parts of the world.

The first child identified was Stephen from Kenya. He was 9-years old when he handmade a semi-automatic hand washing machine using scraps of wood, nails, and a water tank with his father’s help. With this new invention, Stephen received a Kenyan Presidential Award (<https://indianexpress.com/article/trending/trending-globally/stephen-wamukota-kenya-hand-washing-machine-covid-19-6448815/>).

Jayden from California was also 9-years old. He used a 3D printer and made face shields for medical front line workers. He said he wanted to help people that work in the hospitals (<https://abc7news.com/coronavirus-us-covid19-news-usa/6140328/>).

Hime, which literally means ‘princess’ in Japanese, was 13-years old. She handcrafted more than 600 facemasks to donate to those who needed them, when they were not easily available in Japan, buying materials using her own savings. There are many more examples across the world and in our own communities.

In the world, there are more naturally born positive deviant children. During and after a disaster, some schoolteachers and parents also become vulnerable and heartbroken. If they can understand that children can also help them, and know the value of being helped by them, their support for children can become longer lasting. Dr. Frank Riessman introduced the “Helper Therapy Principle”. This principle suggests that when the individual provides assistance to another person, the helper may benefit (Riessman, 1990). This might be true for school children, too.

Teachers Supporting Families During and After a Disaster

Throughout development, children look to their parents to search for cues of how to respond to the world around them, especially in time of disaster and high stress. How parents function during, and after, the disaster has significant influence on how children respond. Therefore, we focused on three strategies that teachers can use to strengthen parental coping behavior. These included supporting parental self-efficacy, supporting parent-child interaction, and supporting family functioning.

Teachers have a role to play in supporting parental self-efficacy. Teachers can support parents through informal interactions with parents that may help the teacher to understand how the parents feel and how family elements in the children's immediate context impact their wellbeing. It may not be the contents of the conversation but the teacher's willingness to listen to the parent that ensures the parent feels supported during this difficult time. Examples of informal teacher-parent conversation include:

- *How are you doing these days?*
- *How do you cope with the current challenges?*
- *Is anyone helping you?*
- *Is there anything you would like to ask or consult with me about?*
- *How do you think your child copes with the situation?*
- *How do you and your child get along under the circumstances?*
- *Is there anything I can do to help?*

Teachers also have a role to play in supporting parent-child interactions. Parents have an important role in providing support and being a role model for child's stress management. Therefore, it is important to help parents to strengthen their relations with their children. Teachers can encourage parents to think about and provide extra support and understanding for children during stressful times and to understand that some behavior difficulties may be the result of disaster impacts. Also, some regression in children's behavior is also normal when children's coping mechanisms are stretched.

Good parent-child communication provides an ongoing foundation for the child to develop their coping skills. The teacher may recommend to parents to write inspiring and positive notes that will be attached to the refrigerator or put under the pillow or in lunch box (e.g., I love you; Yes, we can!; You look wonderful with the mask; thank you for helping prepare dinner). Parents can also refer to family jokes. We would also recommend exchanging mutual notes.

Teachers may also find that they are called upon to support the family functioning as a unit. One of the factors that are essential for the child's and family's capacity to cope with a crisis is the establishment of routines. One of the most popular family routines in Israel is meeting for a family meal at least once a week.

The teacher can recommend that parents add a meaning to the family meetings (e.g., each family member will share an amusing incident or a good thing that happened to them during the week; each family member will thank someone or something that happened during the passing week). Teachers have the knowledge and resources to support parents

during disasters, and consequently parents will serve as role models, providing backing and support for their children.

The Role of the School Principal in Times of Disaster

As a school leader, principals have an awesome responsibility during “normal” times, and even more so during times such as this unprecedented pandemic crisis, the many natural disasters taking place across the globe, and other human crises and tragedies that seem to occur with increased frequency. The role of the school principal during and after these challenges, is multifaceted and can be daunting. The principal must immediately take action to manage logistics, implement a school safety plan for students and staff, if needed, and coordinate day-to-day operations, particularly in response to the new modes of conducting daily instruction and activities.

During these crises, principals will need to muster their intellect, their many skills, and build on the strength of their relationships within the school community to address the potentially complicated problems that arrive, often without warning. Few people can think clearly and logically in a crisis. It is most important to develop and distribute an emergency plan, and to conduct regular practice drills so that all faculty, staff, and students understand their responsibilities in a time of emergency. Taking planning and practice seriously will aid in ensuring all members of the community are as safe as possible and are able to act as required.

During times of crisis, a school principal’s tasks can be summarized as those of providing clear communication, maintaining connection to the school community, and prioritizing and planning action steps. In a time of crisis, continual and ongoing communication with the school community is critical. The principal is the conduit of information from multiple sources and is essential to well-being, as is the sharing of plans that assist the return to some sense of normalcy. It is the principal’s responsibility to provide members of the school community with the information and resources they need to maintain an atmosphere conducive to teaching and learning.

The first step is to gather staff together and keep them informed in order to establish safety and other action priorities. This is aimed at creating a safe and organized procedure that will maintain order for students and staff and facilitate connection with parents. Once the immediate emergency is addressed, the implementation of regular and ongoing channels of communication with the whole school community is necessary. The immediate needs of the staff and community often requires establishing new traditions.

There are a range of tools that can be utilized to provide clear communication as well as providing support and maintaining connection, such as text messages, email, communication trees, newsletters, and notice boards. The use of various forms of technology, such as online faculty meetings, online professional development, the use of the school website to publish parent, student, or faculty bulletins and announcements will keep the community informed and connected. In person presentations, such as chats with the principal or public meetings, will allow principals to talk to, and connect with, all stakeholders.

Building a trusting relationship with the school community is an ongoing, daily, yearlong activity for principals. Those who are sensitive to the pressures and anxieties

experienced by the school community during a crisis will make decisions based on community needs and the limits of their resources, skills and talents.

The Benefits of Trauma Informed Schools

What has been learned from a 1997 landmark research study between Kaiser Permanente in San Diego, California, and the Center for Disease Control in Atlanta, Georgia, about the consequences of traumatic experiences in early childhood and brain development has rocked the world of physical and mental health. Adversities such as emotional, physical, and sexual abuse, having a mother treated violently, substance abuse or mental illness in the household, or an incarcerated parent, are all traumatic scenarios which carry lingering effects.

Ever growing awareness of the deleterious impact of trauma has reshaped the fields of medicine, mental health, public health and policy, education, law, and legislation and has catapulted the international community toward the realization that we are living a public health crisis. More recently the pernicious effects of structural and systemic racism and structural adversity are recognized for their treacherous consequences on the health and wellbeing of all.

The emergence of trauma aware, responsive, and sensitive schools has been an institutional response to mitigating early adversity and toxic stress for students. A safe and supportive haven for social and emotional development creates an environment amenable to accessing the curriculum. These schools are process, not program, oriented. Given the number of hours students spend in school, the power of compassionate relationships with adults acting as role models of humanity carry healing properties. The school environment offers a philosophy replete with strategies which foster choice, responsive rather than reactive discipline, and an understanding that the curriculum will not be compromised by creating a climate and community of connectedness.

In these schools, a new social norm has been developed through the cooperative spirit of administrators, teachers, and families who understand child and adolescent development and how hampered students are amid toxic stress. There is a certain irony when thinking about trauma informed schools as a response to catastrophe of natural and human creation. Taking a proactive and preventive approach by establishing trauma informed schools as a baseline of education would lessen the panic around trying to implement a haven for learning in the midst of the adversity.

THE DISASTERSHOCK WEBSITE: AN EXAMPLE OF THE AVAILABLE RESOURCES

Arts and Healing.

The Disastershock website facilitated access to a number of resources which included Arts & Recovery, Healing Resources, Research, Tip Sheets, Healing Lectures, and Educators' Resources pages. In this section, we give an example of the resources available on the website, describing the development and content available in the Arts & Recovery section. The Arts and Recovery Team was formed by Bridget Steed, Family

Therapist as a part of the Disastershock Global Response Team with the aim of exploring a path of wellness and wellbeing through the arts during difficult times. With this in mind, an Arts & Recovery section was added to the Disastershock website. Content was developed which included: psychoeducation, Actionable Expressive Arts Directives, and an Inclusive Communal Space to Share. The website provided space for young people and adults to share their art and aimed to engage people from all over the world to use the expressive arts to heal.

The Arts & Recovery Home Page was designed to explain what the expressive arts are, how they can be used therapeutically to help promote recovery from trauma, and why expressive arts are so important. This page featured psychoeducation on how trauma effects the brain, body, and nervous system, links to supplemental articles and videos, and eight detailed expressive arts activities for all ages designed to support recovery and well-being. The link to Expressive Arts Modalities included concrete expressive arts-based activities that can be used to help regulate the nervous system, express emotions, and move energy in the body. Separate pages were devoted to Music Therapy, Movement Therapy, Drama Therapy, Holistic Therapies, and Inclusive & Adaptive Arts and were developed to give people a rich introduction to the full range of the expressive arts. Each page included links to supplementary videos, related websites, and arts-based exercises.

The Global Gallery (<https://www.pacesconnection.com>) created a diverse art gallery that provided space where people from all over the world could share their art and process. This page also included a Mural Gallery, to share images of murals. This was designed to bring the “outside-in” during quarantine. The Global gallery provided a safe space to share stories, experiences, and art to feel seen, heard, and understood. The Creative Hive Blog was also designed as an inclusive space where people could share their stories around art and healing.

The Disastershock school manual (Disastershock Educator Collaboration Team, 2021) described ways in which teachers can use the arts as healing with their students in order to help address emotional and psychological struggles by supporting their resiliency, self-expression, and connection to themselves and others.

Creative processes help individuals rise above the fight or flight trauma response and enable students to better manage critical thinking, taking in new information, memorization, decision-making, problem-solving, and focusing. Creative processes support imagination, creativity, intuition, and nonverbal communication, which are all essential parts of learning. Creative processes have no wrong answers, and the focus is always on the process rather than the product. Self-expression through the arts helps facilitate increased self-esteem, curiosity and autonomy and can be used by teachers during times of uncertainty during the global pandemic.

NEXT STEPS

Research Project on Effectiveness of Disastershock Materials

A wide network of Disastershock Global Response volunteers is currently gathering information on the acceptance and effectiveness of our resource materials and, in real-time,

practicing some of the learning modalities that are effective techniques to reduce stress. The urgency of the COVID-19 pandemic has required that the team rapidly collect and analyze data from participants in a pilot study. Language translation of the material has enabled culturally diverse outreach and feedback.

A Tip Sheet has been created as a condensed Disastershock resource for those in leadership positions to disseminate rapidly for emergency responsiveness (see Figure 2). The Tip Sheet is well-designed to be simplistic and clear in its delivery of stress-reduction techniques for all age groups and cultural backgrounds. Even the laminated sheet is designed to withstand difficult environmental conditions. The goal is to continue translating the Tip Sheet into multiple languages already available in the original Disastershock Manual publication.



DISASTERSHOCK

STRESS-REDUCING TECHNIQUES FOR TRAUMA

FOR ALL AGES

DEEP BREATHING

For Adults:

Take a slow, deep breath through your nose for two seconds: 1- 2.

Now hold your breath for two seconds: 1- 2 and let it out slowly through your nose for two seconds: 1- 2.

Now repeat, breathe in for two seconds:

1- 2, hold for two seconds: 1- 2, breathe out for two seconds: 1- 2.

Now go to three seconds:

Breathe in: 1- 2-3 Hold: 1- 2- 3 Breathe out: 1- 2- 3 Repeat.

Now continue deep breathing with a 3 second interval until it feels comfortable.

Over 5 minutes, extend your breathing interval to 4, 5 or 6 seconds. Remember to stop if you feel uncomfortable at any time You can use this method whenever you feel tense.

For Young Children:

Imagine you have a bubble bottle and a wand.

Take the wand and blow the biggest bubble by taking a deep breath in and blowing slowly with the bubble to create your big bubble.

Ask the child to do this for 3 minutes.



EXPRESSIVE ARTS

- 1) Draw a picture that represents how you feel. What does your anxiety look like?
- 2) Dance or move your body in a way that expresses your emotions. What does your anxiety feel like?
- 3) Write a story or poem about your worries and fears. What does your anxiety sound like?
- 4) Act out your anxiety using costumes and props. How does your anxiety present itself ?

Visit www.disastershock.com for more free resources!



Figure 11. Example Tip Sheet: Stress-reducing Techniques for Trauma

Our Art/Media Team will continue to add international selections of artwork for the Tip Sheet production. This may be an additional comfort to have a familiar visual value in a crisis period for the global population we serve. In addition, accessibility of the Disastershock Manual and Tip sheets carries no cost to the recipients and our world-wide volunteers are observant and on standby for impending needs and support.

A pilot study to distribute and utilize Disastershock material in a school-based family counseling program in two elementary schools in San Francisco will begin Fall, 2022. The Research Team will gather and analyze self-reported results from volunteer parents and teachers who have utilized the manual and tip sheets and record general participants' feedback, suggestions for modification, and needs assessments. The school principals have accepted the research project, especially at this critical COVID-19 period.

Masters level marriage and family therapist interns, who are currently counseling in those schools, will be working with students, families, teachers, and staff to utilize Disastershock information and practice techniques. They will gather survey data, obtain feedback, and document findings. This collaboration will also include their clinical supervisors and the Disastershock Research Team. The additional benefit for the interns will be an educational experience of being directly involved in a global research project and making a significant impact and contribution to their community and beyond.

Through this research the Disastershock team seeks to refine its work on identifying effective stress-reduction resources for children, schools, and families so that they can be prepared to deal effectively should they experience any future crisis or disaster.

SUMMARY

The COVID-19 pandemic has impacted all areas of our lives. Global resources were mobilized rapidly to respond to the physical health challenges of this crisis in the form of best clinical practice, the record-breaking development of effective vaccinations, and the rapid deployment of vaccine delivery throughout the globe.

The economic impact of the pandemic also rapidly became evident and individual countries were forced to respond to the emerging financial impacting all economies. The health and financial impacts are still being felt and our governments are mobilized to respond to the ongoing crises.

What was less obvious was the psychological impact of the pandemic, especially for vulnerable people such as children and young adults, women and families in domestic violence situations, those with existing mental health difficulties, those that were isolated or in institutional living, displaced persons already experiencing lack of appropriate shelter, adequate food, and health care, and the individuals working in the overstretched health care systems.

Almost immediately, we identified a need in the education sector to respond to the emerging and rapidly changing environment. Sue and Brian mobilized their international networks to develop resources and respond to the emerging mental health crisis in our school communities. This network has brought together academics, trauma specialists,

educators, administrators, and mental health specialists with the one aim of supporting the mental health of our children and school communities.

We are incredibly proud to bring you this overview of the work we have completed together. We invite you to access the resources and use them in your many and varied settings. We invite you to modify and utilize the resources to best suit your needs and settings. We invite you to become part of the Disastershock global community.

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4 Strengthening Children's Executive Functions During the COVID Pandemic: School-Based Intervention Approaches

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ABSTRACT

Families have experienced economic and social challenges because of the COVID-19 pandemic, which has generated crisis and emotional stress in both adults and children. Children have experienced significant changes in their daily routines and activities, as well as periods of confinement and social isolation. Emotional distress can impair adaptive coping and negatively impact children's academic performance, cognitive functioning, and social and emotional development. Executive functions (EFs) are among the cognitive systems that are most vulnerable to stress. EFs are a set of high-order cognitive functions involved in behavior and emotional self-regulation. EFs are powerful predictors of school performance, child well-being and health. Because of EFs' extensive growth, there are many time periods during which experience has the greatest effect on brain development. As a result, it has been documented that children's emotional distress is linked with attention problems, memory failures, difficulties in managing impulses and emotions, and difficulties planning and setting goals. Failures in EFs impact children ability to learn and cope with school demands. Consequently, teachers should foster a responsive trauma-learning environment and support children's self-regulatory capacities during crisis. Teachers are important adults in children's lives; they are crucial in identifying the signs of traumatic stress and, in assisting children in managing stress reactions, and fostering EFs. This study aims to present a set of evidence-based approaches and strategies for teachers to help children manage stress and promote EFs during the COVID-19 pandemic. In conducting this study, peer-reviewed academic publications, books and web resources, published between 2010 and 2022, were selected for review. As a result, a collection of techniques was created that can easily be embedded into the school curriculum, while also encouraging cooperation between teachers, and between teachers and families. Developing school-based interventions to strengthen children's EFs is one way to enhance children's resources for coping with crisis.

KEYWORDS

COVID-19, executive functions, stress, teachers, school based-intervention, children

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INTRODUCTION

The pandemic caused by the coronavirus that broke out in Wuhan, China, in December 2019, spread throughout the world, causing millions of illnesses and deaths. The pandemic has differentially impacted countries and continents, with developing countries being the most affected. The measures adopted to prevent the spread of the virus have generated drastic changes in people's lives.

Families have experienced economic and social challenges, which have generated crisis and emotional stress in both adults and children. Numerous stressors associated with the pandemic have been identified, including: fear of illness, loss of family members or friends, quarantine, loneliness, social isolation, job loss, financial instability, exposure to news about the severity of the virus and the high rate of infections, the uncertainty about the length of the lockdown, the requirements of social distancing, and the unwanted changes in daily life (Kempuraj et al., 2020; Park et al., 2020; Vinkers et al., 2020; Wang et al., 2020). Prolonged psychological stress can negatively affect physical and psychological health, well-being, and quality of life.

The COVID-19 pandemic continues to present many problematic consequences for society, and it has been predicted that recovery from these consequences will take years. Consequently, it is urgent to assist the most vulnerable populations, in order to increase their resources to face the crisis. Likewise, it is urgent to take measures to assist children and adolescents, in order to lessen the impact of the consequences of the pandemic on their integral development.

Children, in particular, have experienced significant changes in their daily routines and activities, as well as long periods of confinement and social isolation. Facing the COVID pandemic, children may experience a broad range of reactions, including behavioral changes, emotional distress, attention difficulties, sleep disturbances, physical symptoms, anxiety and fears (Abdulah et al., 2021; Giraudo, 2021; Korzeniowski, 2021; Sánchez Boris, 2021; Schwartz et al. 2021; Williams et al., 2021). Emotional distress can impair adaptive coping and negatively impact children's academic performance, cognitive functioning, and social and emotional development.

How has the pandemic impacted child development? This question does not yet have a specific answer, but some hypotheses have been outlined. At the moment, detriment to the well-being, quality of life and health of children has been reported, associated with an increase in symptoms of anxiety, depression, as well as an increase in unhealthy lifestyle habits and sleep disorders (Abdulah et al., 2021; Sánchez Boris, 2021; Sayed et al., 2021; Sharma et al., 2021). Regarding the closure of schools and remote education, it is estimated that it will generate academic delay and school dropout (Kuhfeld et al., 2021; Peredo Vide, 2020; Sánchez Boris, 2021). Likewise, prolonged confinement has restricted children's peer relationships and participation in group activities, which may impact socio-emotional, cognitive and linguistic development trajectories in children (Abdulah et al., 2021; Cameron & Tenenbaum, 2021; Charney et al., 2021; Lavigne-Cervan et al., 2021).

Regarding cognitive development, it has been observed that the SARS-CoV-2 infection can affect the functioning of the nervous system (CNS). Although SARS-COV-2

predominantly affects the respiratory system, it has effects on multiple organ systems, including the CNS (Gupta et al., 2020). Between 36-84% of cases present neurological symptoms (Pantelis et al. 2020). Among the neurological symptoms associated with COVID-19, mild symptoms have been identified: loss of smell and taste, headaches, fluctuating consciousness, dizziness, muscle weakness, dysexecutive syndrome. More serious symptoms have included: polyneuropathy, myositis, encephalitis, thrombosis and stroke (Helms et al., 2020; Kempuraj et al., 2020; Pantelis et al., 2020; Tsivgoulis et al., 2020). If the virus enters the CNS, it has the potential to cause neuropsychiatric and neurological complications (Kempuraj et al., 2020; Pantelis et al., 2020; Tsivgoulis et al., 2020). This may include loss of inhibitory control, apparent unconcern, loss of normal fear and anxiety, and social disinhibition (Rogers et al., 2020). Cognitively, impacts might be expected on inhibitory control systems, executive functions and memory (Pantelis et al., 2020).

Although children have been the least affected by SARS-CoV-2, some studies report neurological effects in newborns infected by the virus such as irritability, difficulty feeding and hypotonia (Nathan et al., 2020 and Vivanti, 2020, cited in Pantelis et al, 2020). One of the most common complications is preterm birth. Some studies have documented intergenerational transmission through the mother, and others speculate the possibility that COVID can be transmitted by the father (Alzamora et al., 2020; Vivanti, 2020 and Zeng et al. 2020, cited in Pantelis et al., 2020). Maternal infection could lead to neurodevelopmental changes in the fetus and increase neuropsychiatric incidence rates. Based on these preliminary results, there is an urgent need to analyze the longitudinal effects of COVID-19 on brain function, behavior, and cognition.

However, in children, the presence of chronic psychological stress is one of the most powerful ways in which the consequences of the pandemic can affect their neurocognitive functioning and perhaps slow down or alter their development. Stress affects the immune system, hormonal system and can raise the risk of neuro-inflammation, increasing the possibility of damaging the CNS and altering cognitive functioning (Berker et al., 2021; Kempuraj et al., 2020). In line with this approach, there have been reports of an increase in attention and memory problems, increased irritability and alterations in executive functions (EFs) in children and adolescents (Abdulah et al., 2021; Sánchez Boris, 2021; Schwartz et al. 2021; Williams et al., 2021). EFs are among the cognitive systems that are most vulnerable to environmental stress (Hackman et al., 2010).

In line with those postulates, the goals of the study are: 1) to analyze how psychological stress associated with COVID-19 pandemic may impact the development of executive functions in children; and 2) to present a set of evidence-based approaches and strategies for teachers to help children manage stress and promote EFs during the COVID-19 pandemic.

METHOD

In conducting this study, peer-reviewed academic publications, books and web resources, published between 2010 and 2022, were selected for review. As a result, a set of

pathways was identified through which psychological stress associated with COVID-19 pandemic can affect EFs development in children. In addition, a collection of techniques was created that can easily be embedded into the school curriculum, while also encouraging cooperation between teachers, and between teachers and families.

OUTCOMES: EXECUTIVE FUNCTIONS

Executive functions (EFs) describe a set of high-order cognitive abilities that control behaviors, emotions, and cognitions necessary to achieve goals, solve problems, and provide adaptive responses to novel or complex situations (Diamond, 2013). EFs enable the ability to act with purpose and in a self-regulating manner in the various contexts of social interaction (Blair & Raver, 2014; Walk et al., 2018).

Three core EFs have been identified: inhibitory control, working memory and cognitive flexibility. Inhibitory control involves mental operations aimed at suppressing inappropriate behavior, or an attention tendency towards irrelevant or distracting stimuli that can interfere with the deliberate resolution of a problem (Friedman & Miyake, 2004). Working memory refers to the ability to keep information online and to operate on it, beyond distractions or despite carrying out another task (Diamond, 2013). Finally, cognitive flexibility compromises the ability to shift attention and adapt mental activity and behavior according to the demands of the environment (Fine et al., 2009). During the development process, these three basic executive functions mature, differentiate and enable the development of more complex ones, such as planning, organization, metacognition, monitoring, fluency and decision-making (Diamond, 2013; Miyake et al., 2000). These functions act in an interrelated way, enabling flexible, propositional and self-regulated behavior.

EFs play a critical role in cognitive, social and emotional development of children, and predict many life outcomes (Diamond, 2013; Walk et al., 2018). Children who show a greater capacity for self-regulation are better able to regulate their emotions, establish positive relationships with peers and adults, tolerate frustrations, expect rewards, adjust their behavior to the demands of the context, be more creative, be flexible, and present a better school performance. EFs are considered critical for school readiness, future academic performance, and successful learning (Nyroos et al., 2018).

These achievements in childhood predict better health, better quality of life, greater academic success, better employment status and a lower incidence of conduct problems, in adolescence and adulthood (Diamond, 2013; Moffitt et al., 2011). From there, the importance of identifying the factors that shape EFs development arises, to estimate how the consequences of COVID pandemic may affect it.

Executive functioning development

Executive functions emerge in early childhood and present a protracted development that continues into adulthood (Hughes, 2011; Korzeniowski et al., 2021). This development is associated with the late maturation of a set of neural networks coordinated by the prefrontal cortex (Fuster, 2001).

The extensive development of the neural networks that make up cognitive control creates several sensitive periods, in which the plasticity of the brain is increased, and the brain is more susceptible to the environmental experience (Armstrong et al., 2006). It has been documented that environments that promote healthy child development can help children to strengthen their EFs (Hackman et al., 2010). However, EFs can be negatively affected both by stressful environments and by the lack of quality and proactive interactions with adult caregivers. Consequently, gains in children's executive abilities should be interpreted as resulting from the delicate and sustained interaction between brain maturation and the influence of the environment.

Based on these reports, the neurosciences have attempted to specify the factors that mediate the impact of the environment on children's cognitive development. During the last two decades, environmental factors that model the EF development have been studied, identifying factors from the family, school, and community. For family, they are rearing practices (Bernier et al., 2012; Bibok et al., 2009), cognitive stimulation (Hoff, 2003), parenting stress (Hackman et al., 2010), parental education level (Hackman et al., 2010; Matute et al., 2009) and caregiving (Spruijt et al., 2018). For school, they are classroom management, classroom climate, resources for learning (Weiland et al., 2013), teacher modelling and scaffolding of EFs (Bardack & Obradović, 2019; Hu et al., 2020; Korinek & deFur, 2016; Korzeniowski & Ison, 2019, 2020), and peer relationships (Vandenbrouck et al., 2018). For community, they are cultural norms, ethical values and social practices (LeCuyer & Zhang, 2015; Morguichi et al., 2012).

Impact of the COVID-19 pandemic on the development of EFs

The following are some factors associated with the pandemic that can impair children's executive functioning and perhaps slow down their development trajectory. These factors have been selected based on previous studies on contextual predictors of EFs (Korzeniowski, 2022).

Child stress: EFs constitute one of the cognitive processes most vulnerable to stress (Farah et al., 2006; Hackman et al., 2010; Noble et al., 2011). Poverty studies have documented that the presence of chronic stress in children is associated with neurodevelopmental disorders (i.e. hippocampus and amygdala reduction), higher incidence of mental illnesses, poor school performance, memory problems, inattention and behavior problems (Berken et al., 2021; Farah et al., 2006; Kishiyama et al., 2009; Lupien et al., 2001; Noble & Farah, 2013). Similarly, when children face a disaster, such as the COVID pandemic, they may experience a broad range of stress reactions. It has been documented that child emotional distress is linked with attention problems, memory failures, difficulties in managing impulses and emotions, and difficulties planning ahead and setting goals (Abdulah et al., 2021; Giraudo, 2021; Sánchez Boris, 2021; Schwartz et al. 2021; Williams et al., 2021).

Family stress: Stressors that COVID-19 brings to families, such as health concerns, financial difficulties, job loss, lockdown and challenges of homeschooling, have generated a significant increase in parental stress (Park et al., 2022; Russell et al., 2022). Parental stress decreases the involvement, the sensitivity to the needs of the children, resulting in a

lower quality of parental care (Blair et al., 2011; Wu & Hu, 2020). Parents with high levels of stress are less predisposed to interact and communicate with their children, which negatively affects the development of child cognitive and emotional self-regulation abilities. Likewise, the presence of stress in parents has been linked to the use of punitive and inconsistent parenting strategies, greater neglect, greater frequency of family conflicts, and family violence, all of which promotes emotional and behavioral problems in children (i.e. Fitzpatrick, 2014; Hackman et al., 2010; Wu & Hu, 2020). There have been reports of increase in child maltreatment during the periods of self-isolation, quarantine and lockdowns (Cuartas, 2020; Wu & Hu, 2020). Nevertheless, the impact of the pandemic in the family context varies, depending on contextual stressors that family members experience, and the family's internal and external resources to cope with them.

Closures of schools: Prolonged school closure and remote learning has had a significant impact on children's school learning trajectories and has expanded the academic gap between the most and least favored children (Kuhfeld et al., 2021; Salas et al., 2020; Sánchez Boris, 2020). Recent research has made predictions about the impact that the COVID-19 pandemic has had on children's learning trajectories. Kuhfeld and cols. (2021) estimated that children have achieved 63% to 68% gains in reading, and 37% to 50% gains in math, compared to a typical year of schooling. However, this estimate will vary significantly if other factors are included in the predictive model, such as differential access to parent and teacher supports for learning during the school closure months, health issues related to the virus, and access to technology and remote instruction. Likewise, homeschooling has posed responsibilities and challenges for parents, who have had to create a structured environment for learning, organize a daily routine and schedule of activities for children, in order to provide children with academic and emotional support (Davis et al., 2021; Weaver & Swank, J. 2021; Yung-Chi Chen et al., 2021). The ability of the family to overcome these challenges and the parental involvement in learning tasks have been affected by multiple factors, such as: internet access, available parent's time for homeschooling, parent's educational resources and knowledge, and home environmental conditions.

Schooling is an experience that affects many aspects of child development, including the development of EFs. The literature reports that the schooling experience is a factor that contributes to the promotion of EFs (Burrage et al., 2008; Fuhs et al., 2014). Recent research has documented bidirectional relationships between EFs and reading, writing, and math skills, indicating a mutual influence between both processes (McKinnon & Blair, 2018; Van der Ven et al., 2012). Furthermore, it has been documented that children who learn school content and skills more quickly are more willing to participate in increasingly demanding academic activities, which stimulate the development of EFs (Fuhs et al., 2014). In sum, children's gains in school learning will lead to improvements in their self-regulation abilities. Therefore, the loss of months of schooling can negatively affect the development of children's self-regulation abilities.

Changes in teacher-child interactions: Distance education has established new educational practices, in which the interactions between children and their teachers have changed dramatically. Teaching instances have been reduced, communication has been

affected by connectivity problems, and learning mediation has become a challenge for teachers (Peredo-Videa, 2020; Swadener et al., 2020). On the other hand, it has been documented an increase in teacher's stress and a decrease in teacher's well-being associated with COVID pandemic (Souto-Manning & Melvin, 2022). Stress and well-being influence the quality of teacher-child interactions and teachers' delivery of emotional and instructional support (Souto-Manning & Melvin, 2022). The quality of teaching is one of the most important school variables influencing children achievement (Organization for Economic Co-operation and Development [OECD], 2015). Therefore, it is estimated that the reduction of interactions between teachers and children is a factor that will negatively impact learning, and child cognitive and social-emotional development. The teacher has a critical role as a mediator of the cognitive development of children, especially of the EFs (Bardack & Obradovic, 2019; Keenan, et al., 2019; Korinek & deFur, 2016). Two ways have been identified by which teachers promote the development of children's EFs: one, implicit, from modeling the use of EFs in daily school activities; and, the other, explicit, through scaffolding the development of the children's self-regulatory capacities (Bardack & Obradovic, 2019; Korinek & deFur, 2016). Therefore, distance education, which has restricted collaborative interactions between children and teachers, is another avenue that may have affected the development of children's self-regulation capacities.

Limits to social interactions: Children have been the most affected by lockdown measures, and the resulting restriction limits to interactions. Children develop in everyday interaction with important others, such as peers (Vygotsky, 1978). Peer bonds nurture children emotionally, and help them to create friendships, engage in leisure activities, group games, learn social skills, and learn how groups work (Cameron & Tenenbaum, 2021). Children's active engagement with peers serves as a rich resource for their cognitive, emotional, and social development (Cameron & Tenenbaum, 2021; Moriguchi, 2014). In everyday interaction with peers, children put their EFs into play by regulating their emotions, practicing attentive listening, solving interpersonal problems, and being flexible by taking the other's point of view. Likewise, when they participate in group activities, children must adjust their behavior to the rules of the activity, wait their turn, memorize instructions, and solve problems, among many other actions. Therefore, restricted social contact is another avenue that can impact the development of EFs.

Unhealthy habits: A significant increase in the use of screens, a reduction in outdoor activities, a reduction in physical activity, an increase in unhealthy eating habits has been observed, which has been associated with weight gain, boredom, increased stress and alterations in sleep (Chambonnière et al., 2021; Hunter et al., 2019; Williams et al., 2021). These factors impact cognitive performance, with greater problems focusing and sustaining attention, memory problems and alterations in child EFs.

These are some factors associated with the pandemic that may affect the development of EFs. However, it is important to note that the impact of these factors will vary depending on various aspects, such as the internal and external resources of children, family resilience, the academic, cognitive and emotional support that children receive to cope with the pandemic.

OUTCOMES: TEACHER STRATEGIES STRENGTHENING CHILDREN'S EFs

Returning to classes poses numerous challenges for teachers, who will encounter greater variability in learning (Kuhfeld et al., 2021). New educational practices involve incorporating care measures aimed at preventing the spread of the virus: teaching classes in small groups or bubbles, use of masks, the maintenance of social distancing and the combination of remote and face-to-face education. Added to these challenges is the need to provide academic, social and emotional support to children.

Teachers need guidance and additional coping strategies for assisting children to overcome pandemic's emotional distress. "School-Based Family Counseling (SBFC) is an integrative, systems approach to helping children succeed academically, and personally through mental health approaches" (Gerrard & Soriano, 2020, p.1). It's is an excellent framework and approach for helping teachers to implement crisis interventions. SBFC crisis intervention refers to remedial interventions that focus on creating a responsive trauma-learning environment. Therefore, SBFC practitioners collaborate with teachers in designing and applying coping strategies to help children manage stress and foster well-being.

Teachers are in an excellent position to help children after disasters as they are significant adults in children's lives; they are familiar with developmental processes; and they are likely to notice emotional and behavioral changes, academic difficulties, and functional impairment in their students (Korzeniowski, 2021). They are critical in recognizing the signs of traumatic stress, promoting resilience and helping children to manage reactions to stress. A set of evidence-based approaches and strategies for teachers to help children lowering stress and promote EFs during the COVID-19 pandemic, have been selected.

Those strategies have been chosen from: peer-reviewed academic publications, books and web resources, published between 2010 and 2021: For lowering children stress (Berken et al., 2021; Brymer et al., 2012; Cohen et al., 2020; Gerrard et al., 2020; Goldman et al. 2020; Hunter et al., 2019; Korzeniowski, 2021; Pfefferbaum et al., 2014a, 2014b; Rechtschaffen, 2014), and for promoting children EFs (Andersen et al., 2019; Hodgkinson, & Parks, 2016; Janz et al., 2019; Korzeniowski & Ison, 2019, 2020; Korzeniowski, et al., 2017a,b; Korzeniowski, et al., 2020; Moraine, 2014; Raver et al., 2012; Zelazo et al., 2018). As a result, a collection of techniques was created that can easily be embedded into the school curriculum, while also encouraging cooperation between teachers, and between teachers and families.

Lowering children's stress

Identifying children's symptoms of stress: The first step in applying stress management strategies is to assess stress levels of a student group. For identifying child stress, a teacher should use children prior knowledge to identify changes in their behavior associated with stress trauma, and identify child risk factors –isolation, domestic violence, episodes of depression-. Some children may be more vulnerable than others to a disaster and need further intervention during crisis. Teachers can create a checklist of stress

symptoms and use it to guide their observation of children's behavior in the classroom and follow up signs of children's stress, to verify their magnitude and duration over time.

Creating a structured and predictable learning environment: Exposure to the pandemic creates feelings of unpredictability and uncertainty. That is why it is important to create a school environment that allows children to regain a sense of stability and foresight. Teachers may help children by:

- ***Creating a school routine:*** Assist children in the use of the school agenda and calendar, so that they organize and plan their daily and weekly activities. It is important to create rituals to start and end the class, to regain a sense of foresight. For example, teachers may share with children one grateful moment, give a positive message, or practice a mindful activity before or after checking assignments.
- ***Maintaining clear and fluid communication:*** Children should feel that they can communicate with their teachers with ease. Also, it is important to provide information as clearly as possible, and in children-manageable amounts. Using visual schematics, images, and reminders to make it easier for children to get information.
- ***Being flexible:*** Adapt the tasks and assessments. Address academic and behavioral issues with empathy and support. During crisis, children can feel assignments are more overwhelming. Present instructions in smaller bites when necessary and encourage children to ask clarifying questions.
- ***Communicating the school's emergency response plan:*** Children may not want to go to school for fear of contracting COVID-19 disease and infecting their loved ones. Children may feel insecure and worry about not knowing if the health situation may worsen and how this will affect their daily lives. That is why teachers should communicate to children and their families that the school has a plan to handle the changes associated with pandemic evolution.

Strengthening relationships: Restricted contact with loved ones and other people is one of the greatest stressors for human beings. That's why it is important to: 1) let children know that they can discuss their concerns and fears with teachers, counselors or parents; 2) provide moments when children can enjoy the company of their peers; 3) consider putting children together in small groups to work on projects or activities; and 4) encourage children to connect with their friends and loved ones. Peer interactions play a critical role in fostering socio-emotional and cognitive development. Therefore, a teacher can use groups interaction to propose child activities to foster EFs, such as: creating a plan to reach a goal; exercising the ability to put oneself in the others' shoes to understand their perspective; taking turns to talk; and establishing rules for regulating emotions and behaviors.

Fostering regulation of emotions: Emotions are a way of reacting to situations, so it is important to recognize them to be able to control them later. Therefore, teachers may promote and value self-expression through different channels. Encourage children to express themselves by art, such as drawing a picture about how their day is going or role-playing the most important thing that happened to them that day. Also, teachers can teach

children techniques to control their emotions: counting 10 to 1 before saying or doing something, using deep breathing, focusing their attention on an object to calm down.

Using mindfulness and relaxation techniques: Using these effective methods can help children to relax and cope with tension, anxiety, or fear. Using a three-minute mindfulness exercise at the beginning of the school day or when children are tired or restless, help them to regain calm and improve their attention performance.

Promoting healthy habits: Help children identify and practice healthy habits, such as: balanced diet, sleep hygiene, exercise and contact with nature. Include in school activities a walk in the park, an outdoor activity, introducing the practice of mindfulness in contact with nature. Take time out of your class to help children establish a healthy daily routine, in which they can balance their schedules for study, rest, exercise, eating, and sleep. Talk to their parents or caregivers about the importance of maintaining a routine and suggest activities that parents can share with their children: go for a walk in the park, watch a movie, share a board game, or go biking.

Strategies to foster EFs

Learning to face a crisis such as the COVID-19 pandemic implies putting self-regulation capabilities into play. Hence, it is necessary to embed educational practices with specific activities that foster children's EFs.

Improving attention performance: Attention is one of the cognitive functions most affected by stress, and consequently, schoolchildren will experience difficulties in focusing and sustaining their attention. Therefore, the following are recommended:

- Observe the children attentional process to identify what captures their attention and what types of activities help them to stay focused longer.
- Vary the stimuli and teaching methods.
- Provide clear instructions.
- Shorten the duration of activities and introduce breaks.
- Encourage self-assessment of attention.

Improving inhibitory control: The measures to contain the pandemic have imposed new action protocols to regulate activities within the school context. Children must learn new rules of behavior, and this can be a unique opportunity to promote inhibitory control. Measures could include:

- Place posters, visual signs, reminders to facilitate the internalization of the new rules—the use the role-playing technique to exemplify the new norms of behavior and how children can play an active role in their compliance.
- Foster initiatives—teachers are likely to encounter children with difficulty starting tasks, so it is recommended to use activities that increase their motivation: play a game at the beginning of class, do stretching activities, a special welcome greeting.
- Carry out activities that allow children to reflect on their behavior and emotions—self-awareness, self-expression and self-control techniques can be used.
- Using relaxation techniques.

Improving working memory: Working memory plays a critical role in learning and could be stimulated in the following ways:

- Start a new topic updating content learned.
- Practice mental calculations.
- Use comprehensive reading techniques, such as summarizing the main ideas of the text in a paragraph or making a diagram with the central ideas.
- Propose playful activities, in which children must memorize multiple steps or actions to reach the goal.

Improving cognitive flexibility: Cognitive flexibility is an indicator of mental health and a valuable resource in dealing with changing situations:

- Model flexibility use in times of crisis by adapting tasks, activities, and evaluation to changing circumstances.
- Encourage children to think of different approaches to problems.
- Train perspective taking.
- Use problem-solving techniques.
- Use brainstorming and roleplaying.

Improving planning and organization abilities: Provide strategies for organizing school activities, planning time, and selecting materials. Suggestions include:

- Create a monthly or weekly school calendar that helps children visualize deadlines for homework and important school activities.
- Assist children in the use of the school planner and checking lists.
- Use route maps to diagram for children the stages of the tasks to be carried out, making it easier to see the whole and its parts.
- Encourage children to carry out projects, with the teacher able to scaffold the children's planning skills by: a) helping children to identify goals; b) dividing complex goals into sub-goals that are measurable, achievable, and specific; c) helping children identify the steps necessary to achieve the goal, manage time, and identify the materials needed for each step; d) helping them to foresee obstacles to reach goals and to identify the resources to overcome them; e) helping them to monitor progress in achieving the goal; and, f) graphing the steps to achieve a goal.

Finally, it is recommended that teachers take every opportunity to highlight the progress of children in the management of stress techniques and in improvements of EFs. In a crisis, teachers should help children treasure their good deeds and achievements. It is necessary to reinforce their value and their active role in the face of the pandemic. Also, it is recommended to create partnership between school and family in order to help children to cope with the pandemic. Maintaining a clear and fluid communication with parents, including parents in school activities, providing support to parents when struggle with homeschooling, and listening to parents when they feel overwhelmed, are some strategies to foster bounds between family and school.

CONCLUSION

The pandemic has had a significant impact on children's lives. Children's ability to overcome challenges will depend on their internal resources and the support they obtain from their family and school. In the school context, the teacher plays a key role in identifying the symptoms of stress in children, in helping them manage stress, gain calm, promote resilience and strengthen their EFs. EFs are responsible for the self-regulation of behavior, cognitions and emotions. They are critical resources for solving problems and facing novel and complex situations. Therefore, it is necessary to train teachers in the application of evidence-based techniques and strategies aimed at strengthening child EFs. This challenge requires partnerships between mental health professionals, teachers, and families. It also requires listening to children's voices, stimulating their active participation, and empowering them as agents of change.

This proposal shares the foundations of the SBFC model (Gerrard & Soriano, 2020), and highlights school as one of the social institutions that play a valuable role in helping children to cope with disasters and trauma. "During a disaster, a school community needs additional coping strategies for school personnel, coping strategies for students, and coping strategies for the school-family community" (Buchanan & Buchanan, 2021, p.3). Therefore, developing school-based interventions aimed at assisting children with lowering stress and strengthening children's EFs are ways to enhance children's resources for coping with crisis.

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5 Online Teaching and Learning during COVID-19 Lockdown: Perceptions and Challenges of School Students

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ABSTRACT

COVID-19 brought unprecedented problems for the human civilization across the world: psychologically, physically, socially and economically. Quality education at all levels has been badly affected. The broad objective of this article is to examine the concerns of school students related to online teaching and learning with the help of virtual classes during the lockdown, with special reference to India. In order to gather evidence, an online study was carried out among school students during June-July 2021. A group of 273 students filled up the Semi-structured Questionnaire shared with them in the form of Google Form. Findings disclosed that the majority of the school students attended the online classes regularly by using mobile phones. Internet connectivity and power cut problems were the main challenges faced by 40-50% of the school students. About three-fifths of the students found online mode of teaching to be most effective, effective to moderately effective. Interestingly about half of the students studied the subject every day or most of the days before and after attending the classes. Continuous attendance of online classes and staying at home for longer periods have brought stress to school students. A large number of them expressed their concern about their future, while others did not feel happy about the cancellation of the board examinations. Finally, based on the evidence, the study suggested a number of remedial measures for improving the virtual mode of teaching and learning and for addressing the issues and concerns for the school students.

KEYWORDS

Lockdown; Online Education; School Students; COVID-19; Issues; Concerns

INTRODUCTION

School education are the golden days in the life of every individual. During this phase, they make friends with peers, enjoy each other's association by sharing personal

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feelings, joy and interesting experiences and activities, playing with peers, learning through participation in various cultural, academic and extra-curricular activities, including games and sports, in addition to learning and attending regular classes. Positive schooling environment contributes significantly in the socialization process as well as for the holistic growth and development of a child. However, the lockdown caused by COVID-19 has been depriving children and students from this beautiful and most enjoyable phase of life.

Lockdown in India and other countries commenced sometime in March 2020 with minute variations from country to country, in a phased manner, for arresting the spread of the virus, compelling all the educational institutions to shut down and depend on online modes of teaching as education should never cease. Initially, most of the students, especially students in lower grades, struggled to cope with the online mode of teaching and gradually, they have become acquainted with the system and attend online classes sincerely, by following the same schedule as followed in the education institutions under normal circumstances.

There are about 14,94,052 schools in India, including Government, Govt. Aided and Private Schools (Source: Unified District Information System for Education (UDISE) report 2019-20, Provisional). These schools offer primary, middle, secondary and higher secondary education. During the 2019-2020 session, about 265 million students were taught in the schools. Also, about 250,000 new teachers were recruited for teaching in the schools across the country.

The sudden onset of COVID-19 pandemic in the beginning of 2020 and the fast spread of information about it through news channels and social media had created a lot of panic among a cross-section of people in India, including students, teachers and academic administrators, resulting in the closure of all educational institutes across India, for the safety of students. All residential schools and higher learning institutes had asked the students to vacate the premises, so that they are safe. Authorities of educational institutions were a little confused about the continuation of education for the children. Finally, most of the educational institutes in India, especially the ones located in the urban areas, adopted an online mode of teaching, to keep students engaged in the teaching-learning process and motivated them to attend the online classes regularly. Sadly, schools located in the rural areas could not think of adopting the online mode of teaching because of poor internet connectivity, non-availability of computers and/or smart phones among the teachers and students.

Available data indicates that only 22% of schools in India had internet facilities. Among government schools, less than 12% had internet in 2019-2020, while less than 30% had functional computer facilities, which adversely affected online education during the pandemic, especially for students studying in government schools. However, the functional computers and internet connection facilities vary from state to state in India. Some states are ahead in terms of these facilities while some are lagging behind (Source: In last academic year, only 22% schools had Internet, The Hindu, Chennai, July 2, 2021). Data pertaining to computer literacy indicates that 24% of the rural youth and 56% of the urban youth, aged between 15-29 years, are computer literate, as indicated by the data of National Sample Survey, carried out during July 2017-July 2018 (Source (NSS 75th Round, July

2017-July 2018). The computer literacy among the youth might have subsequently evolved. On the other hand, most rural students from marginalised communities could not afford an android phone and/or a computer, due to poor financial conditions, resulting in a void between rural and urban school students, in terms of education and gaining knowledge in the last 16 months. Death of teachers due to COVID-19 are challenging situations for some schools to continue online education. Estimation highlights that closure of learning facilities in the last one year and four months has affected education of over 320 million children from the pre-primary to the tertiary level (Source: Samuel & Saksena, July 21, 2021).

Nevertheless, it was initially a big challenge for urban students, as well as teachers, to adapt to online modes of teaching. Gradually, both teachers and students equipped themselves with the technology for the online mode of teaching-learning process. Some students attending the online classes faced serious challenges like internet connectivity problem and power outages. In addition, the problem of vacant space at home is an issue for a large number of students to attend continuous online classes. Despite certain challenges, urban students benefited by attending online classes and could keep themselves engaged in studies. Attending online classes using mobile and laptops caused some health problems for some students and these include headache, back pain, irritation, vision problems and so on.

Challenges for Grade X and XII Students in India

The board examinations of the school students studying at Grade X and XII are very important as the performance in the final Board Examinations are determinant factors for getting admitted in good educational institutions and in preferred courses, as number of schools offering quality education is few, when compared to the size of student population. After the first wave of COVID-19, most schools in India opened in November and December 2020, with an understanding that the pandemic was over. The students in some schools contracted COVID-19, which caused further panic and subsequently, the Ministry of Education, Government of India instructed all the educational institutions to close down until further notice. The second wave of COVID-19, which came in India in March 2021, had a serious adverse health impact and caused the death of a large number of people in India.

Thereafter, The Ministry of Education, Government of India decided to cancel all Board examinations for the safety of the students, in addition to cancelling all other national level competitive examinations for admission to Medical and Engineering courses. The Ministry of Higher Education has come out with a formula to issue Grade X and Grade XII Mark Statements, based on students' performance in the periodic tests and last broad examination.

Continuous lockdown for about 16 months had not only affect the quality of education of students. It made a large section of school students lethargic while some became dependent on mobile phones. Sadly, COVID-19 hijacked the most precious phase of childhood for 16 months.

Available evidence highlights that COVID-19 has adverse impacts on mental and physical health of people beyond geographical boundaries (Torales et al., 2020; Dangi, Dewett, & Joshi, 2020; Mak et al., 2010; Liang et al., 2020). For example, in order to save citizens from COVID-19, some countries insisted on people using face masks while some countries did not give emphasis on the same. In this regard, Wang et al. (2020) did a cross-country study covering 2,266 respondents (1,056 from Poland and 1,210 from China) to examine the psychological impact of the COVID-19 pandemic on people of Poland, where usage of face masks was not mandatory, with people of China, where it was mandatory. The study disclosed significant differences between respondents in terms of usages of face masks (Poles: 35.0%; Chinese: 96.8%; $p < 0.001$) and respondents from Poland reported having more physical symptoms of COVID-19, more medical consultation and COVID-19 testing. In addition, Polish respondents had significantly higher levels of anxiety, depression and stress as compared to their Chinese counterparts. In another study, Goa et al. (2020) observed that there is a high prevalence of mental health problems, which are positively associated with frequent social media exposure during the COVID-19 outbreak. Duan et al., (2020) found that the COVID-19 outbreak had a significant psychosocial impact on children and adolescents too. The findings give clear evidence for addressing emotional distress of children and adolescents, following need-based and situation-specific strategies. Similar to the online mode of teaching, school authorities should create an online platform for addressing mental health needs of the school students.

A good number of studies were carried out among college and university students to understand their perception about the efficacy of the online mode of teaching. Results are mixed, although most of the studies reported positive outcomes (Wang, Wang, & Wu, 2020; Demuyakor, 2020; Smart, & Cappel, 2006). Neuhauser, 2002). For example, broadcast of pre-recorded lecture videos on YouTube was found to be effective for teaching students as observed by Lapitan Jr et al., 2020. Evidence regarding the negative aspects of online teaching demonstrates a number of factors which acted as barriers for effective teaching and learning process and they include, lack of understanding of the material owing to poor communication between teachers and students, poor internet connectivity, lack of concentration among the students while attending continuous online classes, and so on (Alawamleh, Al-Twait, & Al-Saht, 2020; Adnan & Anwar, 2020). One study reported that students were dissatisfied with online learning, especially due to poor communication between teachers and students and clarification of doubts (Tang et al., 2020). Another study observed that students lack motivation while attending online classes, as they fail to get the answer to their queries, as and when they require (Alawamleh, Al-Twait, & Al-Saht, 2020). The study further found that feeling of isolation caused by online classes was found to be another reason for poor motivation among students in online classes. Students from developing countries are in a disadvantageous position as compared to those from developed countries, in terms of teaching aids. For instance, in a Pakistan-based study, authors highlighted that online learning cannot produce desired results in underdeveloped countries like Pakistan, where a vast majority of students are unable to access the internet due to technical as well as monetary issues (Adnan & Anwar, 2020).

However, literature on the perception of school students about online mode of education and its association with students' motivation, as well as their issues and concerns, is scanty. Hardly any study has been carried out on this issue among school students in India, which necessitated the carrying out of an online study among school students to generate evidence towards this end.

METHODOLOGY

The broad objective of this article is to examine the concerns of school students related to online teaching and learning with the help of virtual classes during the lockdown, with special reference to India. In order to gather evidence, an online study was carried out among school students during June-July 2021. An online survey study was carried out among school students studying in Grades IX to XII. Participants included a group of 273 school students participated in the study online.

The Study Tool. A Semi-Structured Interview Schedule was developed to understand the school students' perception about online mode of teaching and their issues and concerns during the COVID-19 pandemic. The questionnaire consists of four broad sections:

Section I: Background Information

Section II: Online Mode of Teaching and Learning

Section III: Health

Section IV: Perceived Stress and Coping Strategies

Section V: Mental Health of School Students

The face validity of the interview Schedule was ascertained by two experts. Five-point scale (i.e., Always, Often, Sometimes, Rarely, and Never) was used to capture the response of the subjects in most of the questions while for some questions, a dichotomous mode of response was sought. Some of the questions related to Section II include

- Did you attend the online mode of teaching?
- How did you find the online mode of teaching?
- Could you clarify your doubts, ask questions and get the answers?
- Did you face internet connectivity issues and/or power cut problems?
- Did you enjoy the online mode of teaching?
- How do you rate your level of motivation during the lockdown, towards studies?
- Do you think that you gained substantial knowledge while attending online classes?
- Are you satisfied with writing the online examinations?
- How do you perceive the cancellation of board examinations?

Data Collection. Data was collected using a Google Form through the online mode. Participation in the study was voluntary. A group of 273 students participated in the study and provided the relevant information as per their understanding. Out of the 273 students, 268 school students reported that their school offered an online mode of education during the lockdown.

Data Analysis. Data is reported using the frequencies and percentages. This article is written on the basis of the responses related to Sections 1, II and some of the questions of section IV.

RESULTS

The results are based on the responses of 268 students who completed the online survey questionnaire. Of the 268 school students participating in the study, 54.9% were male while the remaining 45.1% were female and they mostly belonged to the 14 to 15 years age group. More than one-third (35.6%) were from the 12th standard (i.e., Class XII), followed by 9th (24.3%) (i.e., Class IX), 11th (22.4%) (i.e., Class XI), and 10th Standard (18.3%) (i.e., Class X) (see Figure 1). The majority of them came from single nuclear families (74.5%), while 23.3% came from joint (extended) families. The remaining students were staying with relatives. So far as siblings are concerned, more than half of the respondents reported having one sibling (58.2%) while 32% and 9.8% were only children

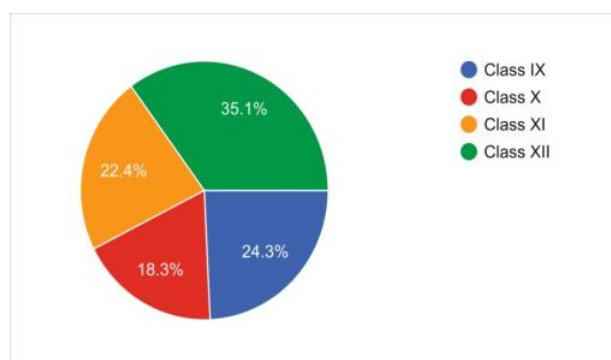


Figure 12. Grade-wise distribution of students

of the parents and two or more siblings, respectively. The monthly family income of 17.5% school students was less than Rs. 20,000. About one-third (31.3%) and more than one-fifth (26.2%) of the students came from families with monthly family income ranging from Rs. 20,000 to Rs. 50,000 and Rs. 50,001 to Rs. 100,000 respectively. The rest of the students hailed from Rs. 100,001 and above income group of families.

Regarding the number of rooms, data indicates that about one-tenth of the students lived in a one room house while 40.4%, 31.3% and 18.5% living in a house with two rooms, three rooms and four rooms, respectively. Regarding parents' educational background, the majority of the parents were graduate and postgraduate and the level of education was more among mothers as compared to fathers. The majority of the fathers were engaged in business, followed by working in a government sector and casual work while most of the mothers were housewives. More than one-third of the students reported that some of their family members were suffering from any chronic physical condition such as, high blood pressure, cancer, heart

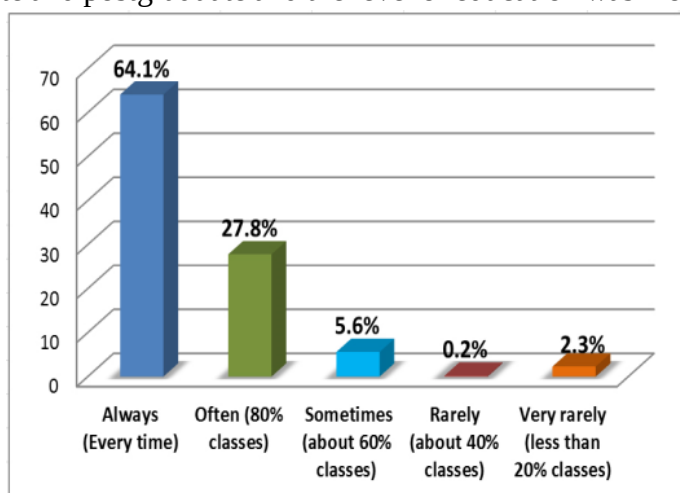


Figure 13. Frequency of attendance of online classes

disease, lung disease, COVID-19 and others.

About 98.2% of the school students reported that their school was offering online classes. Therefore, perception of students about online mode of education was analysed based on the response of 268 students only (Figure 2). About two-third (64.1%) of students reported attending online classes regularly (i.e., every time), while 27.8% stated that they often attended online classes (i.e., 80% of the classes). The number of students who attended classes sometimes, rarely or very rarely, was negligible (22/268).

More than half of the students (58.2%) attended online classes by using their smart phones, while 41.8% used desktop computers for the same purpose. About half of the students (48.9%) faced internet connectivity problems sometimes while 17.2% and 23.5% faced the same problems often and rarely, respectively. About 7.8% of students reported always facing internet connectivity problems. Power cuts was another barrier for attending online classes for a large number of school students as 13.1% and 36.6% reported facing the same problem, often and sometimes, respectively.

Regarding the effective-ness of online teaching and learning, 22% and 38.8% remarked that it was effective and moderately effective. On the contrary, one-fifth (25%) stated that online mode of teaching was not so effective. According to 10.8%, it was not at all effective (Figure 3).

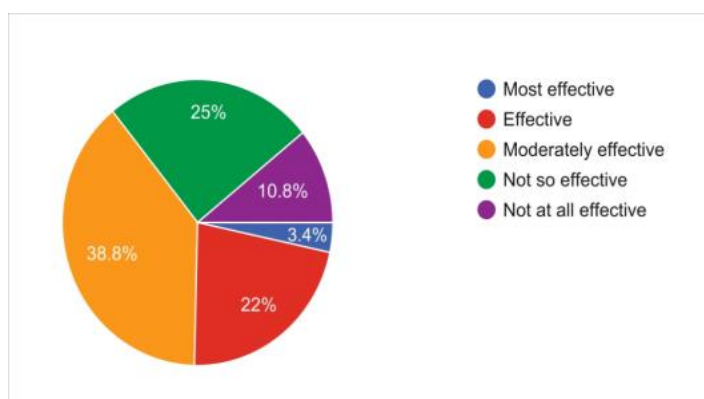


Figure 15. Perceptions about online classes

Replying to a question, whether students studied the subject prior to attending the classes, 18.3% reported “yes”

i.e., they studied the subject every day prior to attending online classes. About one-third (30.2%) reported most of the days while 26.5% stated about half of the days. A similar trend was observed when they were asked about their study habits after attending the online classes, with little variations (Figure 2).

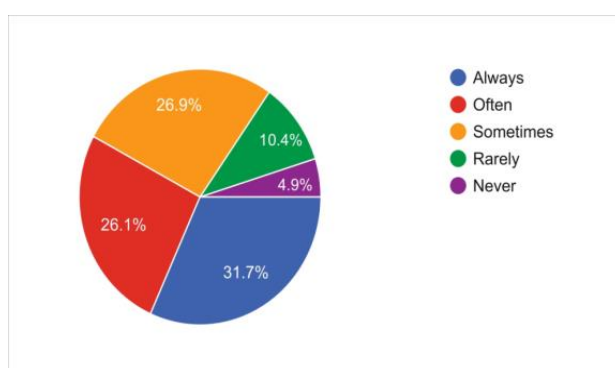


Figure 14. Clarified queries and asked questions

More than half of the students (57.8%) could clarify their doubts either always or often, as reported. On the other hand, about one-fourth (26.9%) reported that they could sometimes ask questions for clarification. About 15% stated they got the opportunity to ask questions rarely or never (Figure 4). As far as study habits are concerned, about half of the students used to study the

same subject before and after attending the online classes.

So far as level of motivation of the students for studies during the lockdown phase is concerned, 9%, 19.8% and 35.4% students reported being highly motivated, motivated, and moderately motivated in studies respectively, during the lockdown phase. The rest 20.5% and 15.3% reported rarely being motivated and not motivated at all (Figure 5).

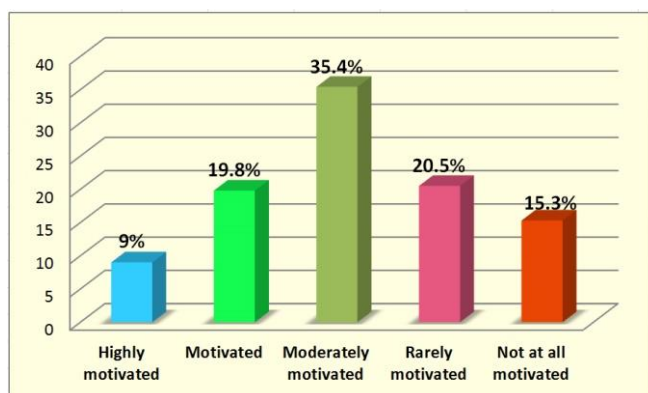


Figure 16. Level of Motivation among School Students

students did not face any problem and they were happy with the same approach for the evaluation of students' performance. On the other hand, more than one-third (35.1%) faced internet connectivity problems during the online examinations. Cancellation of Board Examinations was not welcome news for 45.8% students while 7.4% and 10.8% were upset and very upset for the same, respectively.

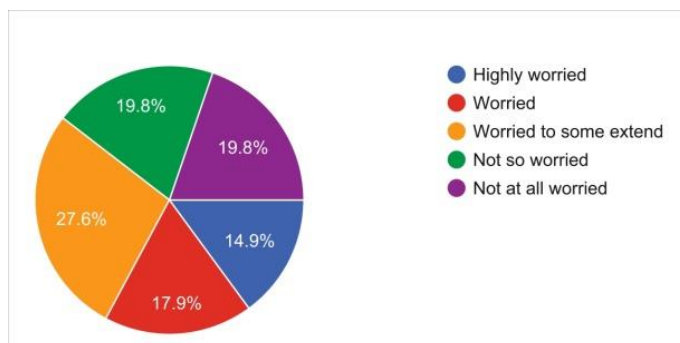


Figure 6. Worried about contracting COVID-19

worries about their future. The majority of the students also enjoyed emotional support from the parents at times of crisis, as reported.

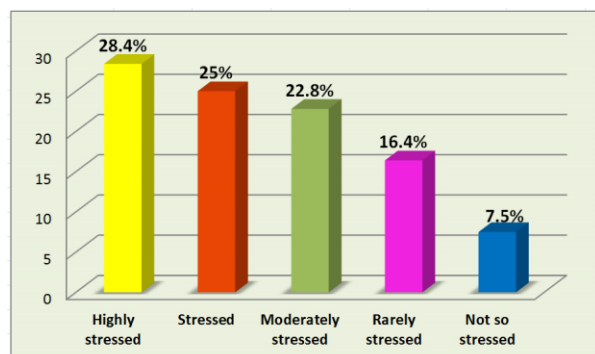


Figure 7. Feeling stressed for attending continuous online classes

More than one-fourth of students stated that they gained substantial knowledge when they attended online classes, while for 40.3% of the students', the response was true to a certain extent. Regarding the online mode of examination, about half of the

A good number of students were highly worried and worried about contracting COVID-19 (Figure 6). At the same time, attending continuous online classes (Figure 7) and social distancing (Figure 8) i.e., staying at home, brought stress for more than half of the students. More than two-thirds of the students expressed their

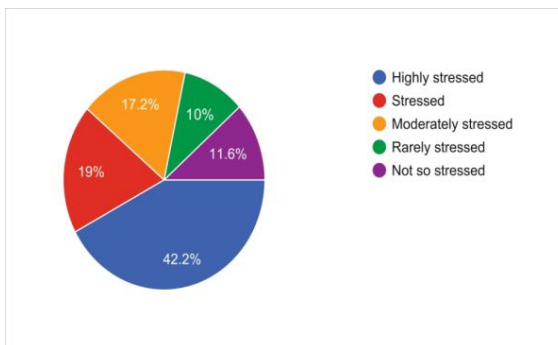


Figure 17. Feeling stressed about social isolation

DISCUSSION

The present study is successful in understanding the perception of school students studying between Grades IX to XII about the online mode of teaching-learning process, during the COVID-19 pandemic, and their issues and concerns. An overwhelming number of the school students attended online teaching during the last 16 months i.e. from March 2020 to June 2021. About two-third (64.1%) attended the online classes always and 27.8% attended it often i.e. of the 80% classes. It shows the interest of the school students in studies and their commitment for career growth. The number of students who attended above 60% and below 80% of the classes, was negligible (5.6%). The negligible number of students who could not attend the online classes regularly were hindered by internal and external factors. Internal factors include lack of motivation, fatigue and personality of a child. On the other hand, external factors include absence of face to face class room ambiance, lack of space at home for studies, lack of persuasion from parents, internet connectivity problem, using phones and its screen size, and tight schedule of classes, without giving minimum break in between classes. Data clearly highlights that internet connectivity and power cuts were barriers for a large number of school students to attend regular classes despite their interest in studies.

Only a small number of students stated that online mode of teaching was most effective while 22% and 38.8% reported it to be effective and moderately effective. Effectiveness of online mode of teaching depends upon several factors and they could be broadly categorised into five categories viz., student related, teacher related, home environment related, teaching methodology related, and internet facility and availability of computers.

Students related factors include mental maturity, sincerity, motivation in studies, grit, perseverance, personality and future goals while teachers related factors include teachers' knowledge about the subject, passion for teaching, satisfaction with job, communication skills and personality. Home environment is crucial for studies at home and for teaching from home for both students and teachers. It includes space at home, health issues of the family members, congenial home environment, cooperation from other family members i.e., not making any noise at the time of study and/or online teaching. Teaching methodology related factors are, use of presentation tools, breaks between classes, giving practical examples while explaining a concept or subject, teaching in a manner which students can follow, encouraging students to ask questions for clarification of queries and answering the questions, teachers' knowledge about technology. Finally, internet connectivity and speed, and availability of computers instead of a phone is essential. On and above, social distance i.e. physical absence, contributes to lack of seriousness in attending the online classes. Nevertheless, availability of educational materials for some important subjects like Mathematics, Physics and Chemistry on YouTube, supplemented the teaching-learning process to a great extent as, a large number of school students rely on them, which are found to be very useful.

The students, who study the subjects prior to attending online classes, are able to follow the classes better and understand it easily and further, the students who study the

subject after attending the classes are able to prepare them much better. It requires proper planning of study and uses of time efficiently.

Motivation among the students towards studies depends upon the interest of students in the subject and it varies from subject to subject and who teaches the subject and how effectively he/she teaches. The findings of the present study demonstrate that only a small percentage of school students are highly motivated and motivated. It might be because of conducting classes continuously without giving minimum break between classes, ineffective styles of teaching and the use of pedagogy. If a teacher shares a brief write up about the particular subject prior to the class and then takes the class, perhaps, students will find it interesting and will remain motivated. Interestingly data shows that more than half of the students could always clarify their queries during the online classes. It indicates teachers' passion for clarifications of queries.

A fundamental question arises, whether school students gained knowledge during the lockdown phase, while attending the online classes? Data shows that more than two-third students gained knowledge with some variations i.e., ranging from extremely true to true to some extent, which is a good sign. In the given situation, students' perception about gaining knowledge is highly appreciable for which credit goes to school administrators, teachers as well as to students.

So far as online mode of examinations is concerned, about half of the students reported being very satisfied and satisfied while about one-fourth are satisfied to some extent. Internet connectivity problems leading to problems in submitting the answer scripts caused anxiety for more than one-third students and perhaps, for the same reason, some students are not satisfied with the same approach of assessment for their performance. At the same time, high performing students do not get justice since there is some flexibility in online examinations.

The study also attempted to examine whether students, who were supposed to appear in the final board examinations (Grade X and XII), were happy with the cancellation of the examinations. Results show that half of them were not happy and very upset. It means that, this group of students were highly prepared during the lockdown phase for writing the board examinations. However, the authorities of the Central Board of Secondary Education have given an opportunity to those students who wish to write the physical examination later. A good number of students expressed their concern about the future because of the present situation, which requires the attention of the higher authorities, so that their issues and concerns are addressed.

About half of the school students are stressed, as disclosed by the study, because of attending online classes continuously. It requires the attention of school authorities so that they prepare the online time table for classes accordingly. In fact, subject teachers can play a crucial role to minimise the stress of the students by adopting different strategies while conducting the classes, like using humour, having casual discussions with the students instead of always taking classes seriously, encouraging students, appreciating their performance and teaching a difficult subject by citing simple examples.

CONCLUSION AND RECOMMENDATIONS

In fine, it may be concluded that the majority of the school students are attending the online classes regularly by using mobile phones. Internet connectivity and power cut problems caused trouble for about two-fifth to half of the school students. However, about three-fifths of students found online mode of teaching most effective to moderately effective. About half of the students study the subject almost every day or most of the days, before and after attending the classes. More than one-third enjoyed all the online classes or most of the classes. Regarding students' motivation in studies during the lockdown period, more than three-fifth reported to be highly motivated, motivated and/or moderately motivated as they gained knowledge and experience. About half of the students expressed their satisfaction regarding the online mode of examinations while others were not satisfied as they found it difficult to submit the answer scripts. Cancellation of the broad examination was not good news for almost half of the students. Based on the findings of the present study, the following steps are suggested:

- School administrators should develop an online time table in a flexible manner.
- Teachers should teach with special care and they need to address students' queries with proper explanation. For that purpose, a teacher should keep additional time.
- Teachers should prepare themselves well prior to taking online classes and presentations should be brief. They should also adapt themselves with advanced technology.
- Teachers should adopt flip classroom teaching methods and provide information about best teaching, such as the use of YouTube.
- After finishing one chapter, tests should be conducted and prior to that, probable questions and ways of writing the answers need to be discussed with the students.
- Other than online teaching, school students raised two issues which bothered them psychologically i.e. fear of contracting COVID-19 and worries about future career. School authorities should organise special online session for every class, to address these issues for Grade IX to XII students.
- Every school should be IT equipped with functional computers, to enable students and teachers to advance their education and knowledge. The Ministry of Education, Government of India should sanction the budget accordingly.

Like every study, this research has some limitations. First, the sample size is too small as compared to the total student population studying in Grades 9 (IX) to 12 (XII) in India. Therefore, it is very difficult to generalise the findings across the country. Second, the findings are based on self-report of school students. Third, we could not capture teachers' and school administrators' perspectives concerning the challenges in conducting the online classes, for understanding the overall picture from the right perspectives.

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6 Relational Awareness in Teachers' and Counsellors' Practices

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ABSTRACT

Rising demands in school in times of austerity put teachers' and counsellors potential for attentive presence and development of a trustful, empathetic, and respectful relationship in intersubjective encounters at risk. Contemplative practices such as mindfulness may be helpful in dealing with stressing conditions and supportive for the professionals' attentive presence, well-being, and relationship-building. This paper presents a qualitative study of student teachers' and newly educated teachers' experience of the significance of integral contemplative practices in their education and work-life. The study is based on phenomenology, and cultural-historical and integrative cybernetic systems psychology. In this lens, intersubjective encounters involve bodily resonance originating from unconscious processes of mutual modification of bodily and emotional states and conditions which influence the practitioner's perception and action in the situation. Main findings in study were that contemplative embodied practices can balance resonance and affectivity in challenging conditions and can develop the professionals' relational awareness to act according to their aims in challenging encounters. The concept of relational awareness is defined and illustrated by case examples, and in an integrative systems psychology lens it is discussed how relational awareness may be helpful as mediating means in teaching and counselling.

KEYWORDS

Relational awareness;
unconscious resonance;
contemplative practice; teaching and counselling;
phenomenology;
cultural-historical integrative systems psychology

INTRODUCTION

Identifying a capacity for attentive presence and understanding in intersubjective encounters. Teachers' attentive presence and acknowledging relationship-building with children is vital for children's trust, engagement and self-perception in pre-school and school (Nordenbo et al., 2008; Svinth, 2018). The everyday working conditions in preschool and school settings are characterized by consecutive encounters between professional adults and children, and for every participant, intersubjective encounters involve their unconscious patterns of meaning and relationships experienced from early childhood and through life (Fuchs, 2011). Such lived experiences in shared socio-cultural

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contexts provide good opportunities for acknowledging and understanding encounters with attentive presence and relationship-building (Zahavi, 2003). This shared human condition is a source of potential intersubjective understanding for teachers in school, and likewise for school-based family counsellors. Building on this capacity, valuable guidelines for good practice in education and counseling define potential actions to consciously consider by teachers and counsellors (Buchanan & Buchanan, 2020; Gerrard, 2020; Klafki, 2003; Rosa & Endres, 2016).

However, rising demands for high efficiency, inclusion, diversity and support of students' emotional well-being in school in times of austerity put the teachers' potential for attentive presence at risk (Hanley et al., 2019; Jennings, 2011). A growing body of research in contemplative practices such as mindfulness among educators and care practitioners document such practices to be helpful in dealing with stressing conditions, supporting attentive presence, well-being, and relationship-building (Byrnes, 2012; Dorman, 2015; Jennings, 2011; Kabat-Zinn, 2003; Nielsen & Laursen, 2017). As the teachers' conditions for fulfilling the increasingly stringent requirements and rising expectations they face in social and emotional areas are becoming more difficult, there is a need for knowledge about how teachers and other professionals in education and care experience the significance of contemplative practices and potential relational awareness.

In the context of School-Based Family Counseling this paper focus on school-prevention and -interventions acknowledging unconscious dynamics related to potential relational awareness in teachers' encounters with children, and in counsellors encounters with teachers and families. We studied how student teachers and newly qualified teachers in Denmark experienced the significance of contemplative embodied practices such as mindfulness meditation in their intersubjective encounters in school settings. The theory approach and research question are presented in section 2, and studies and methods in section 3. The study's findings and the conceptualization of relational awareness is presented in section 4, and the potential relevance of relational awareness and the concept as mediating means in teaching and counselling is discussed in section 5.

A body-phenomenology, cultural-historical, and cybernetic systems psychology approach to intersubjective encounters and awareness provides a coherent theoretical framework to conceptualize and study sensory experiences, emotions, and thoughts in intersubjective encounters (Merleau-Ponty, 1945/2014; Petit-Mengin & Bitbol, 2009). In this lens, a person is always intentionally oriented from his/her first-person perspective towards the world, and other persons, objects, actions and other phenomena in the world simultaneously appeal for the person's attention and intentionality (Merleau-Ponty, 1945/2014). Attention is considered essentially responsive, and a person responds to changes in the world by attending to the new situation (Waldenfels, 2011). Intersubjective encounters involve ongoing inter-bodily and intra-bodily processes of bodily resonance as the basic dynamic "which conveys an intuitive understanding of others' emotions in our embodied engagement with them" (Fuchs, 2017, p. 195). This intuitive understanding originates from unconscious processes of mutual modification of bodily and emotional states and conditions which influence the practitioner's emotional perception of the situation and is articulated in his/her present expressions and readiness for action. These

unconscious processes of resonance are vital for empathy, understanding and communication, and as interpersonal encounters always affect us, challenging encounters can stress and overburden the executive functions of the professional, so her usual self-control become difficult to maintain (Barkley, 2001). In school settings, students in class can behave in ways that cause the teacher to respond with attention to phenomena that are irrelevant to the meaningful learning outcomes—it could be the teacher's own emotions—for example, anger or helplessness in response to disruptive students. Such an arousal and emotional response may unconsciously bypass the interference control of executive functioning (Barkley, 2001), and result in actions based on the professional's immediate interpretation of the situation formed by similar situations experienced during the teacher's childhood or adolescence (Stern, 1998; Vedfelt, 2001).

In the body-phenomenological lens, however, the preservice teacher is not only responsive, but intentionally orients him/herself towards what is meaningful in the context. The preservice teachers learn in teacher education to respond with attention to the meaningful learning outcomes, which are related to curriculum, and societal and cultural goals with education. The cultural-historical tradition provides a solid knowledge about how human relations and individual actions are tied to a cultural and historical context through their relation to common societal goals, which give meaning to objects, activity systems and mediating means (Leont'ev, 1983). The activity theory line in this tradition offers an understanding of how teachers experience affectivity in inter-subjective encounters with children in societally motivated activity and methods of behavior. In this approach, it is through participation a person acquires experience with an operation or activity in culture, i.e. mindfulness breathing meditation, guided by external means and signs such as concepts and models. They are transformed into internal signs by which the person can mediate interference processes in executive functions and direct her own attention and behavior, i.e. focus on the sense of breathing (Leont'ev, 1994).

In the sociocultural psychology tradition Vygotsky's emphasis on mediational means gave rise to new ways of understanding the interconnections of the culture and the person (Edwards, 2005; Vygotsky, 1986). In Vygotsky's definition the term conscious awareness denotes "an act of consciousness whose object is the activity of consciousness itself" (Vygotsky, 1987, p. 190). In this approach the use of mediational means, such as artefacts, tools, and particularly language acquired in communication, changes the mental processes. It allows reconfigurations of the internal psychological structures and development of executive functions, and in turn it is externalized in the persons' actions on the world (Barkley, 2001; Edwards, 2005). To become consciously aware of the activity of consciousness in this approach involves using cultural mediating means (Vygotsky, 1986). From this theoretical understanding, we can supplement the body-phenomenological approach with the cultural-historical shaping of our responses, through mediating means conceptualizing cultural tools such as words, concepts, ideas, procedures, models and metaphors, and also deliberate methods of behavior, for example embodied practices such as mindful breathing and other meditation practices, that can transform the persons state of mind, orientation and action. However, this theoretical approach offers few attempts to conceptualize intuitive, unconscious, and pre-reflective processes (Køster & Winther-

Lindqvist, 2018) or dynamics of unconscious and conscious processes (Tart, 1975; Vedfelt, 1996). To conceptualize how embodied contemplative practices can transform the practitioners' states of mind, being and consciousness, I therefore turn to the integrative cybernetic systems psychology (Vedfelt, 1996). This theory of consciousness builds on the psychoanalytic theories developed by Freud and Jung, and on critical approaches based on phenomenology-based, neuro-cognitive, and socio-cultural empirical studies of person-lifeworld, body-mind, and states of consciousness (Vedfelt, 2001). Vedfelt theorized that consciousness “can function on various levels, in different states and modalities such as bodily and emotional, and through visual imagery and thinking modes of experience” (Vedfelt, 2017, p. 39). Therefore, we should understand the human psyche as a multi-layered, self-optimizing, complex information system, that functions as a parallel-processing neural network where many subsystems are active—simultaneously accessing differing, and overlapping, memory systems that learn through practice (Figure 1).

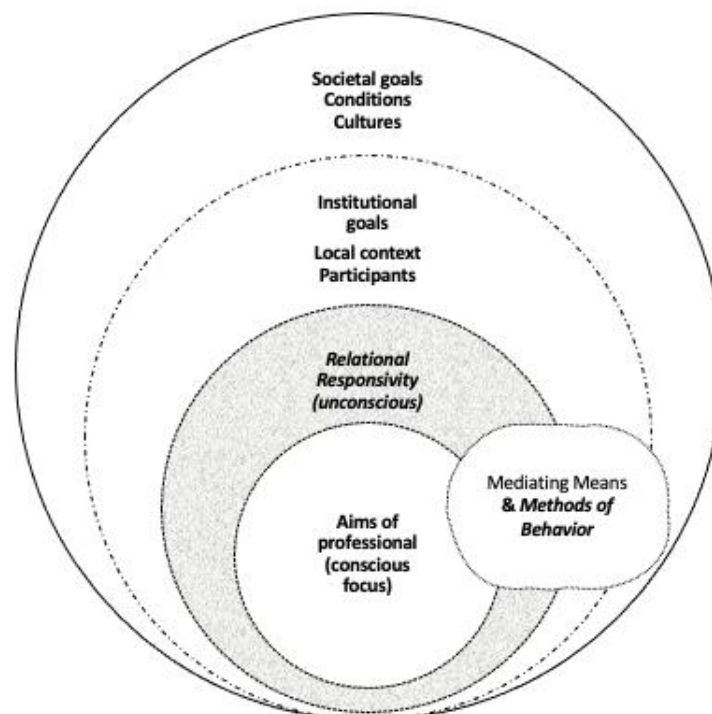


Figure 18. An Integrative Theoretical Lens

Figure 1 illustrates how professionals work in accordance with meaningful aims in specific contexts, situations and organizations with local participants (and cultures), nested in societal goals, conditions and cultures. In every encounter, the professional may have a conscious focus and aim, for example guided by mediating means such as a theory or curriculum. However, relational responsivity with unconscious dynamics in challenging encounters may disturb or overburden the professional and put her good work and wellbeing at risk. Mediating means can guide behavior and understanding to deal with relational responsivity according to the aims and goals of the professional (personal level), the institution (local context level) and the culture (societal level). A main result of the study was the elicitation of how **contemplative methods of behavior** provided mediating means for directing attention to the situated experience of relational responsivity, and accordingly for deliberate agency with relational awareness (see section 5).

This information system is open, and it swings rhythmically between states of more-or-less direct contact to the environment (Vedfelt, 2020). The consciousness system develops through practice in processing various sorts of information at different levels of complexity. This theory conceptualizes experiences, such as bodily impulses, affects, emotions, associations and flows of ideas, as information and processed by various channels in the system of consciousness. It conceptualizes our everyday, goal-directed consciousness as relatively low in complexity compared to a less focused and more open awareness of sensory, affective, and emotional experiences. An awareness of diverse processing channels opens for a supramodal space of consciousness, in which memories, fantasies, embodied knowledge, emotional and affective patterns, and ideas in theories, can unite in self-regulating processes (such as calming oneself in stressful situations), and self-organizing processes (such as a sudden new understanding of something or of oneself) (Vedfelt, 2017).

In this integral cybernetic systems lens, deliberate orientation of awareness is supported by use of mediational means such as mental tools and methods of behavior, i.e.: telling oneself to remember to breathe, and then take some deep breaths (before reacting on a gut-feeling or spontaneous unreflected way). It can open the supramodal space of consciousness and give access to observe the acts of consciousness, such as experienced embodied responsivity as well as usually unconscious memories and intentions. Such a high-level complex state of consciousness can calm, balance, and support a deliberate approach in the situation. It can be to maintain focus on a specific activity, even if something else appeals for ones' attention (Leontjev, 1994), or to return to a friendly approach to oneself and others in a difficult situation. In this approach we studied:

How did student teachers and newly qualified teachers experience the significance of contemplative practices such as mindfulness meditation in their intersubjective encounters in school settings?

METHODOLOGY

We studied experiences in two classes of student teachers in Denmark, that were randomly selected by the university college management to receive teaching in contemplative education and mindful awareness of relationship building throughout the first three years of their four-year teacher-training program (Jensen et al., 2015; Nielsen & Laursen, 2017). In Denmark, the teacher-training program lasts four years; and it includes a theoretical curriculum and one to two teaching placements every year. The theoretical part focuses on school subjects, didactics, and learning psychology. In the teaching placements, the student teachers are expected to observe and learn from experienced teachers, and to participate and increasingly teach on their own the further they proceed through the program.

The project included two classes of student teachers for the first three years—slightly more female than male—and all of whom participated from the beginning of their teacher education program. Most of the participants were ethnic Danes in their 20s, and

fewer than ten participants had other ethnic backgrounds. In the fourth and final year of their education, 26 of these student teachers chose the project course as an elective.

The project of study

The studied project in teacher education was termed ‘the relational project’ by participants and took place 2012-2016. The participants joined a full-day seminar every month that included theoretical lectures in psychology, discussions on pedagogy, and contemplative training. Each seminar typically began with a short introduction and a physical activity, such as a common guided dance, followed by the presentation and discussion of a particular theory. It was, for example, a theory about how children require relational patterns based on mentalization and the development of self in interactions with parents (Fonagy et al., 2005; Stern, 1998), or a theory about how adults can become aware of their own response patterns, adopt the child’s perspective, and accordingly can change interactions and give the child new relationship opportunities (see Jensen et al., 2015).

The seminar included guided meditations focusing on breath and/or the body and activities with inter-corporal relational contact, such as preservice teachers giving each other gentle neck and shoulder massages while being prompted to be mindfully aware of sensations and experiences in the situation. After such a guided activity, the participants were invited to reflect on their personal experiences and to connect these experiences to other situations in which they had experienced difficult relationships, it could be in school or another context. The preservice teachers shared such reflections in groups before they applied the previously presented theory to understand their own as well as others’ experiences.

The relational project included various project-specific theory-based concepts. One was the phrase ‘60% at home in one-self – 40% in the other’, a term used to remember to be mindfully aware of oneself (60%) with integrity as a basis to be mindfully aware of the other (40%) in a relation. The 60/40% framing was applied to support the preservice teachers remember to be mindfully aware of an accepting attitude to their thoughts and feelings to cope in challenging situations. This way, the contemplative training included embodied and conceptual knowledge about relational psychology in teaching and training practices for participants - individually, in pairs, and in groups - once a month for four years.

Methods

During the longitudinal research project, we collected descriptions in interview with 16 different relational-project-participants who varied in age and sex (Table 1). Their prior experience with embodied practices of mindful awareness also varied, though most of them had no experience with meditation. In 2014 we conducted interviews with 22 preservice teachers in groups of 3-4; 12 project participants and 10 student teachers from similar classes that did not attend the contemplative teacher education project—these 10 served as a control group (‘First Round’). Similar interviews were conducted with 16 project participants in groups of 3-5 in 2016 (‘Second Round’), and almost a year after they graduated, individual interviews were conducted with nine participants in 2017 (‘Third

Round’). The criteria for selecting the nine participants were, that they should work as teachers in public primary school settings. Several of the project participants had chosen to work in the diverse field of special needs education, others had chosen to continue directly to a master education or another kind of work, and some had jobs as teachers in other countries than Denmark, so interview was difficult for practical reasons.

Table 1. Methods and participants in the study

Year	Project participants		Methods		Research participants
2012-2013	2 classes, teacher ed.	49 student teachers 90% ethnic Danes	Participant observation	Questionnaire	49 student teachers
2013-2014	2 classes, teacher ed.	49 student teachers	Participant observation	Focus group interview	12 project 10 control
2014-2015	2 classes, teacher ed.	49 student teachers	Participant observation		
2015-2016	Project class elective	26 student teachers	Participant observation	Focus group interview	16 project
Spring 2017	Teaching in school			Individual interview	9 graduates

Table 1 provides an overview of the methods and numbers of participants in the study of the relational project. One group of research participants is labelled ‘control’ (2014) and comprises 10 student teachers attending the standard teacher education program, but not the relational project.

In order to recall lived experiences a guided body scan meditation preceded each group interview, and then participants were invited to recall an incident from their recent placement in school that involved positive or difficult contact with a student, and an incident in which they felt they had been a good teacher. They then had about ten minutes to individually make a drawing of the incidents, and then the incidents were presented in drawing and narrative to the rest of the group and the interviewer. When every participant had presented their incidents, the group shared reflections and interpretations.

The study’s thematic and analytical approach followed Braun and Clarke (2006) and Giorgi (2012); the interviews were transcribed, and each transcript was read in its entirety, important themes and breaches in the text were cited, and the themes and phenomena were rephrased by the researchers (Nielsen & Laursen, 2020). Likewise, the drawings were compared to the verbal presentation of the incidents, and the drawings were analyzed as symbolic and metaphorical articulations of embodied unconscious or tacit knowledge (Nielsen, 2018; Vedfelt, 2003, 2017). Common themes as well as variations between participants were defined.

Limitations

This study was based on interviews with 26 preservice teachers who volunteered to be interviewed, and in Second and Third Round the participants had chosen the relational

project as an elective. They are therefore expected to have a positive attitude to the project, and it is in this light, the described experiences of contemplative education should be viewed, not as results we can expect to count for larger groups. Therefore, focus of the study is on the significance of contemplative practices as experienced by participants in challenging encounters at work. It would have strengthened the study to include systematic data from the preservice teachers' prior life experiences that may have influenced their ability to be mindfully aware of intersubjective encounters and about the extent of the participants' individual contemplative practice at home. This type of data would be relevant to include in future research.

FINDINGS

Results from the three interview rounds documented a development in the ways the coming and newly educated teachers approached intersubjective encounters in school and experienced contemplative activities. Initially they described primary interest in methods and procedures to practice classroom management and didactics to make students attend to and participate in subject activities during placements. For some of the participants, this interest was accompanied with some skepticism towards the contemplative practices, such as:

The first period with this relational project... I thought 'Shut up, man, what is this??? I was quite sceptic, and probably also negative, and I thought it was something mumbo-jumbo. It actually is, and it is great!' (Oral description by participant during interview, transl. from Danish by the author)

After the first two years, project participants found contemplative practices with students in class very helpful:

It's like a magic wand. We used it in every lesson. It's a good tool for restoring calm. Even if the students have just returned from a break, and everyone's climbing the walls, this tool enables you to calm them down. (Oral description by participant during interview, transl. from Danish by the authors Laursen & Nielsen, 2016 p. 148)

During the four years education, the project participants described a growing interest in embodied contemplative practices to restore their own calmness and focus combined with a growing feeling of responsibility for the relationship-building with students, illustrated by the following two examples.

During placement a student teacher experienced a student in 5th grade, approx. 12 years old, who had difficulties in math and refused to speak to him:

I thought to myself: "this is not right—now I must take some responsibility for this relationship as a teacher". The first couple of times I sat by him he didn't talk to me at all. He wrote his diary, which had nothing to do with math, but I ignored that. When the class was doing geometry on the computer, I praised him, perhaps too much—but then he began to open up. In the end we had a good relationship (Oral description by participant during interview in spring 2014, transl. from Danish by the authors Nielsen & Laursen 2017, p. 62)

The student teacher's friendly and persistent approach to the student over several days eventually contributed to a relationship that made a supportive academic and personal interaction possible. This student teacher reported it was a personal challenge to him to stay calm and compassionate with the student until the student trusted him, and that the contemplative teaching had equipped him with the ability to take responsibility for the relationship-building in the situation.

Another student teacher described a teaching situation in which he tried different ways of explaining without success, and he grew impatient with students in class and was just about to "fly off the handle". As he used the mediating means about being 60% aware of himself and deliberately focused on his breathing, he succeeded to "restrain [him]self":

And then I thought, 'Now I have to take a deep breath, and another one, and start again'. I can really remember that it had a profound effect on me, the deep breathing and then trying to start again. Thinking of a different way to explain it. (Oral description by participant during interview in spring 2014, transl. from Danish by the authors Nielsen & Laursen 2017, p. 60)

The interviewed preservice teachers in both the project group and the control group were aware of their relations to students, and as topics dealing with relations to students are part of the general teacher education curriculum, this is not surprising. However, the two groups expressed different ideas about who are responsible for the relationship-building in their described experiences of good relationship-building with students.

Nine of the 10 preservice teachers in the control group described situations in fortuitous circumstances in which they became aware, that their own friendly attitude could make students respond with interest and support good relationship-building. These preservice teachers considered they would be reluctant to engage further in relationship-building with a particular student who did not respond in this way. As these instances depended on the students' accepting response to the preservice teachers' inviting attitude, we termed them *fortuitous relationship-building* (Nielsen & Laursen, 2017).

In contrast, 10 of the 12 preservice teachers in the project group described situations in which they consciously decided to build and/or change a relationship. Some of them experienced discomfort or even panic once they had decided to contact a student or group to change a relationship but did not know how the student or group would react. When asked during interviews why they intended to build relationships with students during placement even though they experienced it as emotionally challenging, they explained how the psychological theories (e.g., theories about self-development and mentalization by Fonagy et al., 2005; Stern, 1998) as mentioned earlier about relationship-building in the project were motivating. Thus, they expressed a reflected intention to assume an open and inviting approach, no matter how the student initially responded. Their approach deliberately revolved around interacting with students to support relationship building, change unsatisfactory relationships, and engage the students in school activities. We called these incidents *intended relationship-building* (Nielsen & Laursen, 2017). These preservice teachers explained how they used brief contemplative practices such as breathing exercises and mindful observation of the situation, the students in class, and themselves that they had trained for in the relational project to balance their emotions in challenging situations. They

referred to specific course practices, such as a breathing exercise called ‘the elevator exercise’, which most of them practiced as mediating means to calm themselves. As mediating means to remember and guide the embodied practices they used terminology from the project: To be ‘at home in one-self’, to be ‘out of one-self’, and to be ‘60% aware of one-self and only 40% aware of the other in an encounter’ to ‘stay or restore calm and balance’ (Laursen & Nielsen, 2016).

In Second Round interviews (2016) the course terminology such as “60/40 %” was hardly used by any, apart from references to mediating means such as ‘breathing’, ‘being my-self’ or ‘being in the situation’. The student teachers still practiced the activities they used to designate by the course terminology, but as habituated methods of behavior integrated in their teaching practice.

After graduation the nine interviewed participants emphasized an accepting, welcoming and supportive attitude to be central for teachers, and they described habituated embodied practices that supported their friendly encounters with colleagues, students, and their parents, even in demanding and difficult situations, as in the following examples:

A newly educated teacher described how it was helpful for her to focus on her breath to stay calm in a critical situation in a chemistry class. She had carefully told students in this 7th grade in a Danish primary school (students appr. 13-14 years old) how to measure limited amounts of hydrochloric acid and magnesium for an experiment, but two boys mixed much larger amounts of the chemicals while she supervised other students in class:

... and I did not see them pouring all that together, and suddenly there is a giant blast – spreading acid everywhere! [...] It happened mega fast – after a few seconds, I thought: Oops! Now I just need to relax a bit [...] ... to control emotions a bit – like an atomic bomb you just cool down – I think of a deep breath and just give my brain some time to think about what to do. (Oral description during interview, transl. from Danish by the author)

The embodied breathing practice helped her to calm down and stay focused on her aims to teach and care for the class as well as the two boys, who were in difficult situations.

Another newly educated teacher described how it was helpful to him - in a meeting with a very critical parent who was about to make him upset - to focus on his breath to stay calm, and to accept that the critical attitude was meaningful for the parent who was sad that her son needed special education:

She kept talking about the things she thought we had done wrong. [...] I listened and focused on, what I could say to move the situation in a constructive direction [...] I really just sat there and tried to breathe deep down my belly, without making it sound as sighs. Eventually we came to an agreement on what to do for her son. (Oral description during interview, transl. from Danish by the author)

Summing up, the main findings in the longitudinal study of the ‘relational project’ were that the participants experienced contemplative practices to:

- be supportive during placements as activities to foster student attention in class and engagement in school subjects,

- help them balance difficult emotions in challenging intersubjective encounters (guided by mediating means such as thinking of being 60% in your-self/40% in the other, focus on breath, observe, accept, be friendly to yourself and the other),
- provide embodied practices and guiding terminologies to support a proactive approach to relationship-building, and to share personal and mutual experiences and understanding in their communities of practice.

In the integrative theoretical approach applied here (body-phenomenological, cultural-historical, and cybernetic systems theory), the findings demonstrate how student teachers acquired sociocultural mediating means comprising methods of behavior (the embodied contemplative practices) and symbolic understanding and tools (theory and terminology) to direct consciousness to be aware of their acts of consciousness – including their embodied responsivity and patterns of resonance in encounters in school. This way they could become aware of their ‘relational responsivity’ (Nielsen & Laursen, 2020). We carefully compared these findings to a phenomenology-based study of preschool teachers’ experiences of resembling embodied practices and found similar dynamics across projects (Petersen, 2020; Nielsen & Petersen, 2021).

The embodied contemplative practices appear to change the resonance, and it can open a less focused consciousness at higher levels of complexity where different kinds of experiences and information are accessible without contradictions (Vedfelt, 2003). This way, consciousness at higher levels of complexity open opportunities to become consciously aware of the persons own perspectives in the encounter, and potentially the perspective of the other—that is, what we termed *relational awareness* (Nielsen & Petersen, 2021). Across our studies we found essential structures of relational awareness as a transient and dynamic conscious awareness of relational responsivity, which can be experienced in moments of hesitation (Biesta, 2012; Friesen, 2017) when the professional attend to her/his own affectivity; that is, embodied arousal, impulses, affects, emotions, and immediate sensations of meaning and intentions during intersubjective encounters. Based on that we suggested:

The term of relational awareness specifies a conscious awareness of the experience of the embodied, pre-reflective relational responsivity. Relational awareness ... involves embodied activity mediated by methods of behaviour, motives and social means of language and discourse specific to the history, culture, mediating means and lived experiences of the person. We consider that relational awareness and responsivity can be objects of reflection and education when educational practices include deliberate work on embodied experience, moments of hesitation, and include mediational means to reflect on and change experienced intercorporeity (Nielsen & Petersen, 2021, p. 141).

CONCLUSION

How may the concept of relational awareness be helpful as mediating means in teaching and counselling? In the teaching and caring professions, the consecutive intersubjective encounters involve embodied sensory experiences that resonate with the

experience and expressions of the other in the encounter, and may cause difficult affects, feelings, and reactions that may be counterproductive in the situation (Nielsen and Laursen, 2016). School-Based Family Counselling can be equally demanding, as the counsellors aim to invite many participants to cooperate for the better of the child, while important participants may be reluctant or deny cooperation – it can be parents or teachers, who are busy and demonstrate little interest, as described in illustrative cases in Gerrard (2020, p. 120), Garcia and Wallace (2020 p. 181) and Rosenbledt and Ribera (2020 p. 237-38). When reluctant participants are involved, the counsellor may strive to develop a trustful, empathetic, and respectful relationship, and such encounters may be sensed as tense and may challenge a calm and focused attentive presence (Goleman, 2003). Likewise, in encounters with children, parents or teachers who are suffering, the counsellor may experience embodied sensations that disturb the encounter and process, unless the counsellor is trained to become consciously aware of the sensations and potentially let them contribute to the relationship-building like in therapy (Rosenbledt & Ribera, 2020; Vedfelt, 2003). In both cases, the embodied sensory experience resonates with the experience and expressions of the other in the encounter, and may cause difficult affects, feelings, and reactions that may be counterproductive in the situation, unless the counsellor has relevant training and/or attend supervision.

While language, theory and models open the gates to cultural ideas and sharing experiences with others as well as for ‘inner speech’ and thinking with concepts and ideas, the contemplative methods of behavior provide mediating means for directing attention to the experience of consciousness, and thus reduce our orientation towards the environment and instead focus deliberately on contemplating specific experiences and consciousness phenomena (Hart, 2004). That is how I suggest the concept ‘relational awareness’ to be helpful in teaching and school-based family counselling – it can be in education and in work practice. In this approach it is possible for the individual practitioner to direct attention towards embodied responsivity in intersubjective encounters, and to engage in embodied contemplative methods of behavior practices to restore calm when upset or angry, and accordingly respond deliberately with relational awareness instead of reacting automatically (Figure 1).

In the context of School-Based Family Counseling this paper focus on school-prevention and -interventions acknowledging unconscious dynamics related to potential relational awareness in teachers’ encounters with children, and in counsellors encounters with teachers, parents, and children. In the integrative lens we are always affected in encounters with other persons, and when it is experienced difficult or challenging, the conceptualization relational awareness may be helpful as mediating means to accept the situation, care for ourselves by breathing or applying other calming acts of behavior and attempt to understand the perspective of the other as well as our aims in the situation.

For the counsellor, it is essential to build trustful relationships with the child and other important participants and stakeholders, and “*critical counseling skills to use are the client-centered therapy triad of empathy, warmth, and respect*” (Gerrard et al., 2020, p. 24). Relational awareness conceptualizes how embodied contemplative practices can offer teachers and counsellors a window to perceive their embodied relational responsivity in

challenging encounters, and potentially balance, calm and act deliberately with empathy, warmth, and respect (Nielsen & Petersen, 2021). I suggest the conceptualization relational awareness may be helpful as mediating means to understand and transform affective responsivity, to observe and contemplate on experienced disturbances to support trustful relationship-building with empathy and warmth, and a terminology to reflect with colleagues and in supervision.

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7 The Hidden Wounds from Childhood Helping Adult Caregivers Heal

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ABSTRACT

Adverse Childhood Experiences (ACEs) have been consistently found to predict a vast array of psychological, medical, and functional problems in adulthood. Any kind of abuse, neglect, or household dysfunction in childhood has been linked to stress-related conditions ranging from anxiety/panic disorder, depression, ADHD, low self-esteem, suicidality, and PTSD to heart disease, autoimmune diseases, and early death, to name a few. ACEs typically cause much suffering and dysfunction in adults, which can be transmitted intergenerationally and interfere with effective parenting and caregiving. The disturbing memories from the first eighteen years of life that cause so much suffering and dysfunction in adulthood are not situated in the logical, verbal region of the brain. Thus, they are usually not effectively treated by traditional psychotherapeutic approaches. Fortunately, new understanding of the brain and nervous system has led to the development of effective strategies to help adults heal the hidden wounds from childhood that continue to “run their show” in adulthood. Once healed, they can better guide children to become happy and healthy adults. In this article, we’ll overview the ACEs research and the principles, self-managed skills, and some effective professional treatments for healing. The vision of this article, consistent with the SBFC model, is that caregivers who are restored to wholeness will be more fully and productively engaged with children, less likely to pass on maladaptive patterns intergenerationally, and better able to teach and model resilient coping skills to the rising generation.

KEYWORDS

Adverse Childhood Experiences;
intergenerationally;
self-managed skills;
maladaptive
patterns; resilience

INTRODUCTION

Adverse Childhood Experiences (ACEs) might well be considered our most important unaddressed public health problem in terms of the suffering they cause. Hidden

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wounds from childhood adversity led to untold suffering and dysfunction in the adult years, including disruptions in relationships with children. The good news is that much of the suffering and dysfunction in adults can be significantly alleviated, thereby making adults more effective resources for themselves and the children they care for.

ACEs Research

In 1998, two physicians, Drs. Vincent Felitti (head of preventive medicine for Kaiser Permanente in San Diego) and CDC researcher Robert Anda, examining more than 17,000 medical records, found that 10 ACEs predicted a wide range of harmful health outcomes in a stepwise fashion (Felitti 2002; Felitti & Anda 2014). Approximately 2/3 of the population had experienced at least one ACE, defined as: physical, emotional, or sexual abuse; physical or emotional abuse; or living in a household with an absent parent (divorce or separation), domestic violence, drug abuse, mental illness or suicide, or incarceration.

Following is a sampling of what the original and many subsequent studies (e.g., Daníelsdóttir, et al., 2022, Hughes, et al., 2017, Merrick, et al., 2017, Morgan, et al., 2021, Norman, et al., 2012, Petrucci, Davis, & Berman 2019, Varese, et al., 2012) have found that ACEs independently predict (Table 1).

Table 1. Conditions that ACEs Predict

Psychological/Behavioral	Medical	Other
• Depression • Anxiety • Panic Disorder • PTSD • ADHD • Borderline • Drug abuse • Suicide attempts • Low self-esteem, impaired sense of self • Smoking	• Obesity • Chronic pain • Sleep disturbance • Type 2 diabetes • Auto-immune diseases • Respiratory diseases (e.g., COPD, asthma) • Alzheimer's/ dementia • Heart disease • Cancer • Fractures	• Learning, developmental, behavioral problems • High school non-completion • Unemployment • Poverty • Homelessness • Felony charges • Teen pregnancy • Sexually transmitted infections • Perpetrating or victim of partner violence • More marriages • Job/financial problems

Exposure to at least four ACEs increases the risk of many disorders two to five times, but the risk is even greater for some conditions, such as drug dependency and Alzheimer's disease (11 times greater) and suicide attempts (37 times greater). Six or more ACEs is linked to a nearly 20-year loss of life. As we'll see, ACEs tend to imprint and change the brain, biology, and sense of self in ways that affect adults throughout life, if not addressed. ACEs result in billions of dollars lost to healthcare, welfare, criminal justice, special education, lost economic productivity, and fatalities. Several points about the original research bear mentioning.

- The subjects were mostly white, middle class, educated, employed, and had health insurance. High-risk groups, such as minorities, those living in poverty, and protectors typically experience more ACEs and greater risk for developing harmful health conditions.
- Only the ten most commonly reported ACEs were studied. There are many other toxic stressors, including separation from a family member for any cause—such as deployment, deportation, violence, adoption, marital discord, date rape, serious surgery in the child or parent, the mother’s pre-or peri-natal stress (e.g., post-partum depression, unwanted pregnancy, worry over cheating spouse), and so forth.
- ACEs tended not to occur in isolation. For example, an alcoholic parent might also become abusive.
- Time alone didn’t heal the hidden wounds from childhood.

Linking ACEs to health outcomes

This illustration depicts the link between ACEs and stress related conditions. Felitti has noted that we err to treat only the smoke (i.e., the stress-related conditions mentioned above) without treating the fire (i.e., healing the ACEs) (Figure 1).

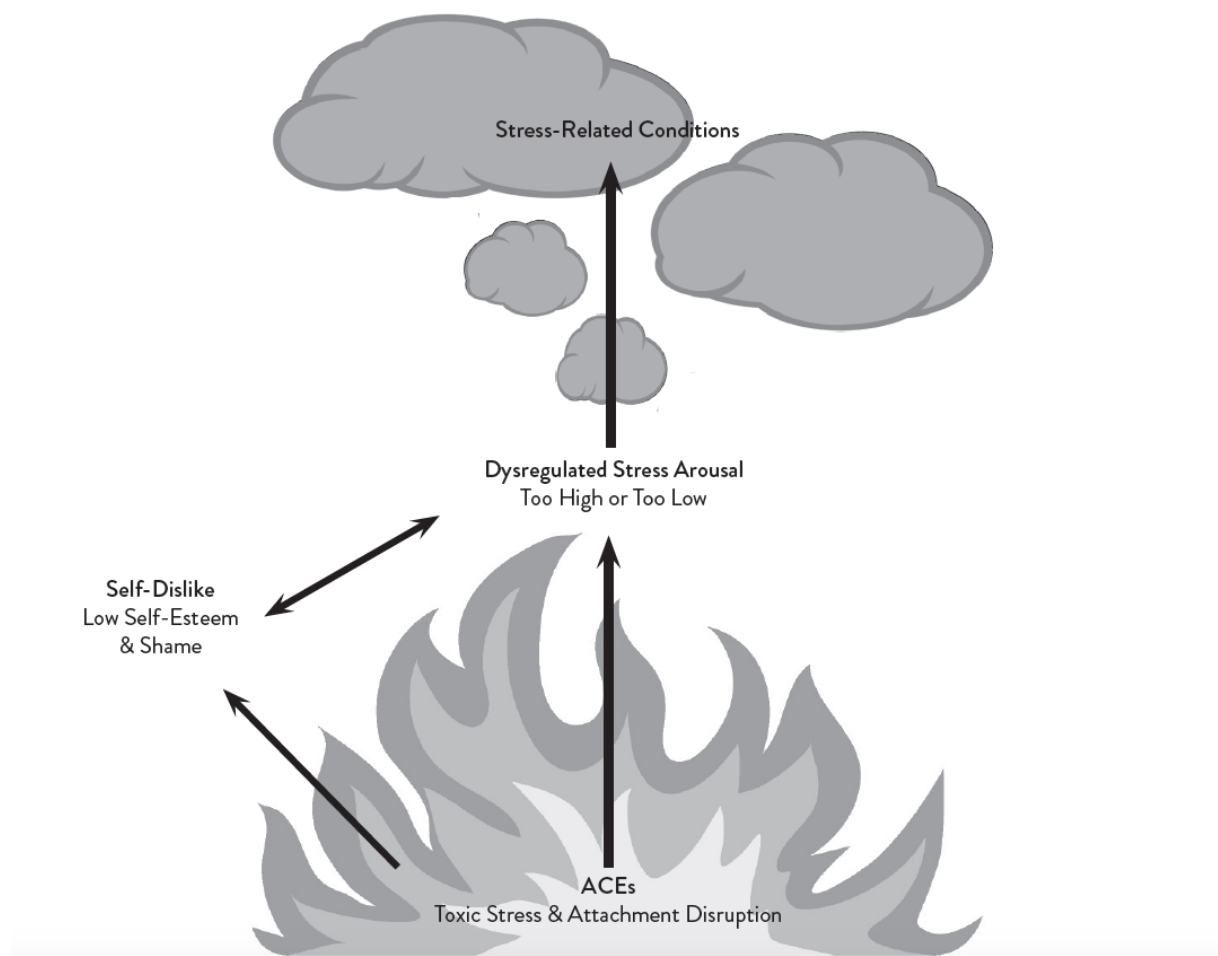


Figure 19. Adverse Childhood Experiences (Source: ©2021 Glenn R. Schiraldi, Ph.D.)

At the core of the ACEs/health outcomes relationship is dysregulated stress, which disrupts all systems of the body.

Neurologic. Dysregulated stress influences brain development, resulting in a brain that remains on high alert in adulthood. The brain undergoes a tremendous growth spurt from the 3rd trimester to age 3, during which one million neural connections are formed per second. The way the brain develops and wires during this period of growth has implications for life. A moment's reflection informs treatment approaches.

The verbal, thinking left brain, which processes and consciously recalls memories, is not fully online (developed) until year three. By contrast, the right brain is online, functioning, and dominant during the first three years of life. It oversees non-verbal processing of early traumatic memories, often beneath conscious awareness. This hemisphere, with its strong connections to the emotional and survival regions of the brain, stores and processes images, sensations, visceral states (e.g., feeling sick to the stomach, chest tightness, constriction of the throat), survival tendencies (such as tensing muscles in preparation to fight, flee, or freeze), and a feeling tone (felt sense, nameless dread, sense of inadequacy, self-loathing, or shame). After the first three years, the right brain is dominant for emotional processing.

Neural patterns ingrained in the first three years often persist over the lifespan without intervention. Thus, talk therapy, which targets the thinking, verbal left brain, is often ineffective for resolving early childhood memories, at least at first.

Hormones. Dysregulated stress negatively influences many hormones and their effects. For example, dysregulated stress leads to dysregulation of the stress hormone cortisol, which raises the risk of obesity, inflammation, immune system dysfunction, improper brain development, disrupted sleep and mood, and harmful changes in the epigenomes and telomeres.

Only 5% of diseases are determined solely by genes (Pelletier, 2019). Epigenomes sit beside the DNA strands and acts like a dimmer switch, turning genes on or off, and thus affecting brain development. The epigenome is changed by toxic stress and these changes can be passed from one generation to another. Stress also shortens telomeres, the tips of chromosomes, in ways that threaten proper brain development. Fortunately, these harmful changes can often be reversed or lessened.

Psychological development. Secure loving attachment to caregivers promotes healthy brain development. The caregiver who is loving, attentive, reliable, and who enjoys the child imprints in the right brain in the earliest moments of life the felt sense of being loved, worthwhile, and adequate. This translates later to wholesome self esteem, a feeling of being connected to one's body and emotions, resilience, and an internalization of the mother's calmness (knowing that the mother will return after leaving helps the infant self-soothe, tolerate distress, and trust others). Loving bonds increase oxytocin secretion, which largely counters the harmful effects of cortisol dysregulation.

You've undoubtedly known people who, despite being accomplished, pleasant, and attractive, severely dislike themselves—and words and logic don't persuade them otherwise. This is often explained by insecure attachment and shame.

Insecure attachment. Particularly during the brain's growth spurt up to year three, ACEs that lead to attachment disruptions can be toxic to the developing brain and the sense of self—wiring the brain to remain on high alert. The damaged sense of self plays out often beneath conscious awareness and can be triggered by present events if not resolved. Again, this damaged sense of self is not primarily verbal or logical, but plays out as a sense of dread, inadequacy, disgust, self-loathing, or shame.

Both parents can impact the child's development in lasting ways. For example, the infant can internalize the caregiver's disgusted expression or angry tone of voice, even before words have meaning, leading to changes consistent with anxiety and PTSD that occur beneath conscious awareness. Attachment research indicates that children fare best with two parents, who provide mature, responsible affection and care, often in complementary ways (Cassidy, 2008).

Note that after the first three years of life, when the left brain is relatively developed, the left brain is taken offline during overwhelming stress, such as rape or violence. In the urgency of toxic stress, it's as if the brain says, "There is no time for words or thinking, only immediate movement." The resulting memories are primarily managed by the right/emotional/survival brain—again explaining why treatments that emphasize talking and thinking are not usually the best starting point. Finally, secure attachment is usually quite stable across the lifespan, while insecure attachment is malleable and responsive to kind, non-judgmental intervention.

Solutions

Healed adults make more effective caregivers and teachers—able to be fully present for children. The good news is that there are many new and effective healing strategies that are based on new understanding from neuroscience, attachment, trauma, and resilience theory and research. Effective strategies are not about blaming, but about taking responsibility for one's healing and life quality.

Healing involves a comprehensive plan to soothe and settle old memories and the present experiences that trigger old memories, while improving well-being generally. The hope of healing is based on the fact that the brain is plastic: unpleasant old neural pathways can be rewired to regulate the stress response and the harmful programming regarding the way we experience the self.

As we've stated, traditional talk therapies are not usually the best starting point, because they target the logical, verbal left brain, not the right/emotional/survival brain where trauma memories primarily play out in images, emotions, physical changes, and action tendencies.

A comprehensive plan emphasizes "bottom up," or body-centered, strategies (first soothe the body, which soothes the emotional/survival brain) and imagery. The healing elements are: (1) a safe, calm, compassionate environment; (2) acknowledge and modify the hidden wounds from childhood; and (3) appreciate the strengths that have allowed one to survive thus far.

COMPREHENSIVE HEALING PLAN

The comprehensive healing plan that follows involves skills that are useful not only for rewiring the brain, but also for coping with everyday life. The plan follows a logical progression. The first four steps prepare the brain to modify old memories. Steps 5 and 6 actually rework disturbing memories. Step 7 comprises transitioning skills. Should the healing journey at any time become overwhelming, step 8 encourages the survivor to seek the aid of a professionally trained therapist specializing in childhood trauma.

1. Regulate dysregulated stress

Understanding the biology of calm and trauma with new insights about the brain and nervous system helps to normalize dysregulated stress and understand its solution. The “resilience zone” refers to a window of tolerance, within which stress arousal is neither too high nor too low. Within this zone, all regions of the brain, including the left brain, are online and working together. We are wired to think and speak logically, able to, for example, calmly determine a wise course of action, seek, or give support, or negotiate with an offender. The healing goal is to return distressed people to this zone so that they can eventually think about and talk about the past in a calm and reasonable way. This is done with “bottom up” strategies. For example, when a rape survivor is recounting her trauma, the astute clinician might say, “I notice that retelling the story is distressing you....that your shoulders are tensing up. Let’s put the story aside for now and see what happens when you stand up and from a firm stance push against the wall.” This discharges the energy that was frozen when the victim was prevented from moving. In a safe and accepting climate, self-acceptance begins to replace shame. The body-centered approaches utilize *tracking*—focusing deeply on what is experienced in the body. Such awareness activates and integrates key areas of the brain, such as those which gives a sense of connection to one’s body, emotions, and self.

Most of the time, toxic stress causes one to be stuck in hyper-arousal. The left brain goes offline as the brain’s most urgent priority is to fight or flee. Thus, it is difficult, if often impossible, to reason with someone stuck in this zone. If one is distressed for too long, or if one is overwhelmed acutely—particularly when physical movement is thwarted, as in the case of sexual abuse—one can become stuck in the hypo-arousal state. Here again, the left brain is offline, as one is hardwired to freeze, collapse, or become exhausted or numb. This response sometimes causes a perpetrator to back off.

In addition to the movement and resistance strategy described above, very effective body-centered strategies also include:

- **Grounding** in the body placing the hands on distressed parts of the body, experimenting with different kinds of touch, and tracking the calming effects in the body
- **Kneading** tracking the inner experience as one squeezes the forearm in various ways

- ***Changing postures*** from slumped to confident tracking the contrasting bodily sensations and emotions, and realizing that the different states are under one's control

2. Regulate Strong Distressing Emotions

If not managed, strong distressing emotions like fear, anger, or sadness maintain dysregulated stress arousal. Very useful strategies include mindfully sitting with one's distressing emotions—holding them with compassion and acceptance, and without judgment. Compassion stimulates oxytocin and reduces guilt, depression, and other distressing emotions. Self-compassion strategies (Neff, 2011) add to mindfulness skills and can be even more effective, teaching a way to respond to suffering with statements like: “This is a moment of suffering. Suffering is a part of life. May I bring kindness to this moment. May I give myself the compassion I need.” Acknowledging distressing bodily sensations, emotions, thoughts, and images, and then soothing them with eye movements, tapping, or letting the bottled-up energy move through the open heart are additional emotional regulation skills.

3. Brain Care

A number of keys work together to optimize brain function and prepare the brain to more successfully resolve distressing memories. These keys dramatically and quickly: improve brain size, functioning, and health of neurons, particularly in areas that regulate emotions and memory processing; grow new neurons and neural circuits; strengthen the blood-brain barrier to protect the brain from toxins; clear out harmful proteins; protect against oxidative stress and inflammation; and favorably influence epigenomes and telomeres.

The first three keys are: (1) a Mediterranean-style diet (emphasizing plant foods, fish, fermented foods, and reduced animal fats and processed foods—all of which favorably affect the gut's microbiome; (2) regular exercise; and (3) regular, sufficient sleep. These three keys can result in dramatic benefits. For example, in one study with sedentary adults with mild cognitive impairment, starting a Mediterranean style diet combined with moderate aerobic exercise only three times a week reversed brain aging by nine years (Blumenthal, et al., 2019). The other keys include:

- Treat destroyer medical conditions, such as sleep apnea, thyroid conditions, gum disease, and high cholesterol.
- Minimize exposure to pesticides, herbicides, pollutants, and preservatives.
- Minimize neurotoxic/inflammatory drugs, such as sleep aids, tranquilizers, antihistamines, or any drug in excess.
- Enjoy a few minutes of sunlight and nature daily.
- Manage stress.

4. Strengthen and stabilize the nervous system through Imagery

Two types of imagery are employed to create constructive neural patterns in the brain and begin to offset disturbing brain wiring. Both provide the compassion that was

needed developmentally. The first type, attachment imagery, simulates attachment experiences from ideal parents/caregivers. The second type, self-nurturing imagery, instills the pattern of being kind and supportive to oneself.

One example of attachment imagery invites a person to imagine being an infant in a pleasant place during the first two years of life, in the presence of a soothing, loving caregiver, who is kind, warm, and sensitive to the infant's need to be loved and cared for. The caregiver is glad to be in the infant's presence. The infant hears an easy flow of speech and soothing, cheerful, melodic sounds from the caregiver. The infant is cradled and caressed, feeling safe. Loving gazes are exchanged, and the infant senses that the caregiver enjoys being with the infant. The infant feels peaceful, loved, safe, secure, and content.

Self-nurturing imagery follows a similar pattern, except that the infant is greeted in imagery by that infant's older, wiser, protective, loving self. That older person is imperfect, but sincere and willing to be fully present, and that is enough for the infant. The infant enjoys the adult, who is safe, calm, and kind. The adult enjoys nurturing and protecting that infant. Of course, the adult and infant are one, and this imagery instills the pattern of being supportive and encouraging of self.

Exploring imagery counters anxiety. Here, the person imagines being encouraged as a toddler to venture out in the world with confidence, with just the right amount of support either from ideal imagined parents or one's wiser self. Comforting imagery helps one learn to go back and offer whatever was needed to the suffering child. Perhaps what was needed was physical protection, encouragement, or affection.

5. Floatback strategies

Having learned how to calm, strengthen, and stabilize the brain and nervous system, one is now ready to apply all the skills we've discussed to rewire disturbing memories from the past. First, we rewire reactions to present events that elicit strong, distressing emotions. Then we rewire the childhood memories that drive the strong reactions in the present (Browning, 1999; Shapiro, 2012). For example, a man comes home from work and asks what's for dinner. The spouse flies into a rage, feeling criticized and unappreciated. The present event stirred up emotions locked in memory of a critical, abusive father. The first floatback strategy mindfully acknowledges all the aspects of the present reaction—facts, emotions, sensations, images, and thoughts. This gives the brain the chance to reconsolidate, or modify, the recent memory. One then soothes the present reaction with compassion (e.g., mindfully acknowledges distressing emotions and where in the body they are experienced, breathes compassion into the part of the body containing the reactions, and internalizes self-compassion statements). When the body and mind are calmed, the person traces back to an early core memory when similar reactions were experienced. Again, without judgment, all aspects of that memory are compassionately acknowledged and soothed with the various skills that have been learned so far. Now the memory that is “running the [adult] show” is neutralized.

Locked in the core memories are core beliefs that are hardly noticed, such as “I'm worthless, unlovable, inadequate, bad, unsafe.” These beliefs are often embedded in the early years, more as a felt sense than conscious thoughts. Later, one might apply words to

this experience. A second floatback strategy starts by putting a core belief to words, tracking with kind acceptance where in the body that thought is presently sensed, and settling and soothing the reaction with compassion skills. One then traces back to the earliest remembered time when that reaction occurred. That memory is soothed with compassion and a positive replacement belief is installed, along with the congruent sensations, emotions, and physical posture.

6. Rework shame

Shame, often engrained viscerally in the earliest months of life, is at the core of much suffering. Shame is the painful inner feeling of being defective, bad, not good enough, unlovable; feeling that one doesn't belong or fit in. It is essentially deeply rooted self-dislike/loathing that can first imprint through attachment disruptions (e.g., a parent's rage or look of disgust). Shame maintains dysregulated stress arousal. Shame is buried and secretive.

The antidote is to bring it to light, to stop running, hiding, and avoiding it. Shame that is acknowledged can be healed by overriding it with love and acceptance. These strategies emphasize imagery and tracking the body's experiences.

- ***Imagine standing up to shaming parents*** with strength (knowing you will survive and don't have to repeat harmful generational patterns) and with compassion (for both the suffering child and the imperfect parent). A wise grownup appears to protect and encourage the child.
- ***Rewire early shame by experiencing the opposite*** (Ogden & Fisher, 2015). Track how shame was experienced in the early years (trembling, numb, hollow feeling, nausea, etc.). Then soothe all that with compassion skills and imagine experiencing the opposite feelings, bodily sensations, facial expression, posture, thoughts and images of self—and tracking how that feels.
- ***Override shame programming*** (Ogden, Minton, & Pain, 2016). For consciously recalled shame experiences from ages three to eighteen, one can override shame programming by replacing it with a memory of thriving. The survivor acknowledges and mindfully tracks the shaming memory, notices where in the body doesn't feel shamed (to gain perspective that shame isn't taking over one's entire life), then recalls and tracks a triumph experience (e.g., strolling in nature). Some prefer to do a similar strategy with writing, acknowledging with compassion then modifying the old scene.
- ***Hold a kind conversation with the body***. Shame plays out in the body. The way one experiences the body is a metaphor for how one experiences the inner self. Body shame can be softened by holding a kind conversation with a shamed body part—breathing in compassion to that part, writing about what is appreciated by that part, and considering what that body part can teach (such as accepting one's imperfect self). A related imagery strategy is to experience the various parts of the body with a warm light of gratitude, appreciation, and compassion

- **Replace shaming thoughts.** For shame that was imprinted and/or reinforced after age three, the healing inner dialogue strategy helps neutralize the associated negative thoughts. Here the survivor uses body-centered skills to return stress arousal to the resilient zone and then mentally rehearses affirming thoughts (e.g., “I’m at peace with my imperfections”; “I accept myself and my unique mix of strengths and weaknesses”).
- **Separate from shame.** Defusing, a skill borrowed from acceptance and commitment therapy (Hayes & Smith, 2005), puts a word to the inner experience of shame and then expresses and modifies the response to the word and the associated inner pain.
- **Acknowledge strengths and weaknesses.** The “How Would the World Be Different” strategy (Ulrich, 1992) invites survivors to mindfully acknowledge their weaknesses (which is settling), and then consider how the world would be better if all had the survivor’s strengths.
- **Shame Inoculation.** Finally, the survivor prepares for the return of shame, inoculating by considering healthy responses to shaming people, new self-talk, and self-nurturing (Williams & Poijula, 2013).

7. Transitioning Skills

Having acquired the skills to heal (healing is an ongoing process), the survivor can now progress to practicing skills that create a more satisfying life.

- **Cultivate self-respect.** Self-respect comes from knowing that we possess good character, that we are decent, trustworthy, and seeking to elevate self and others—albeit imperfectly. Maslow noted decades ago that adhering to values that are common to nearly every culture registers subconsciously to our credit, while violation of commonly held values registers to our discredit. Dutch research (van Bruggen, et al., 2018) concluded that post-traumatic symptoms are linked to beliefs that one is good, is not ashamed of one’s personal character, and is satisfied with the kind of person one is. Self-respect strategies include:
 - **Reflect** on anything that is disturbing one’s inner peace, ruining one’s reputation with self, or causing others to distrust oneself. Mindfully track what this brings up.
 - **A Fearless, searching, loving moral inventory** invites the survivor to assess one’s present standing regarding virtues that are valued around the world (e.g., kindness, respect, fairness), identify times when the survivor demonstrated that virtue, and make a plan to improve a virtue.
- **Forgive old wounds.** To be human is to err. Forgiveness is a firmly established way to restore inner peace and self-esteem. Forgiveness includes feeling forgiven, forgiving self, forgiving others, and seeking forgiveness. The various strategies acknowledge the pain and then replaces hate with love.
 - **Kind, loving moral authority** (Litz, et al., 2016). Imagine a kind moral authority (a spiritual figure, grandparent, friend, or other ideal figure) who with full, kind presence acknowledges your pain for the hurt you inflicted, has your back, and wants you happy. That figure provides understanding (e.g., you were younger then), and expresses confidence in your learning

from the mistake(s) and becoming a better person.

- ***Self-forgiveness journaling.*** You acknowledge: the pain for past decisions: lessons learned: and how you plan to do and be better. You release self-condemnation and take responsibility for the rest of your life
- ***Forgive others, particularly parents/caregivers.*** In A.A., it is suggested that if a friend were spiritually sick, you'd forgive and wish the friend well. In this strategy we grant tolerance and patience that we'd cheerfully grant a sick friend, knowing that offenses are typically expressions of unresolved pain and unhappiness, and are not personal. Journaling that acknowledges the offended person's pain and the intent to release anger, as best as one can, is one effective strategy.
- ***Seek forgiveness from others*** for offenses done knowingly or unknowingly. This action step seeks to "clean up one's own side of the street" by asking forgiveness and making amends (sometimes the only possible amends is committing to an honorable life).
- **Feed the soul.** Singer (2007) and others have written that the soul is the essence of our being, the deepest part of us that experiences intense emotions like joy, peace, love, awe, forgiveness, and hope; that experiences conscience, intuition, core worth, innate potential, and beauty; that feels alive; that connects to that which is sacred and more enduring than the material. Research with severely traumatized war veterans found that those with adaptive spirituality fared the best in treatment (Currier, Holland, & Drescher, 2015). Adaptive spirituality was defined as private spiritual practice, having spiritual experiences, forgiveness (feeling forgiven, forgiving self and others), participating in a faith group or community, and feeling that one is collaborating with a higher power. One strategy is to imagine pushing internal pain away and receiving divine embrace. Another is to consider religious/spiritual practices that might add to one's life satisfaction.
- **Weave joy into your life.** A skilled attachment figure enables the infant to experience and imprint joy. Later, brain plasticity enables the adult to choose to imprint joy. Seven happiness skills from positive psychology include:
 - ***Remember good times*** (Askelund, et al., 2019). Pick a cue word (e.g., confidence, joy, awe, or peace), recall a related memory, and track what is experienced in the body.
 - ***Relive happy moments.*** Look at a photo or mental picture that evokes fond memories. Write about it in detail and savor the experience.
 - ***Write about pleasant aspects of the previous day or week.*** Savor these memories with gratitude
 - ***Explore favorite action memories*** (Ogden & Fisher, 2015). One might remember in detail, for example, playing childhood games involving running and laughing, tracking the resulting bodily sensations, then writing about the memory.
 - ***Life's accomplishments and internal resources*** (Fouts, 1990). The survivor lists accomplishments, even small ones like separating from parents to go to

- school or great ones like overcoming hardships—and then identifies with pleasure the inner strengths that were required to do so.
- ***Anticipate joy.*** One envisions two joyful aspects of tomorrow (smiles, nature, good food, exercise, talking with friends) and imagines how each will feel.
 - ***Plan pleasant events.*** Identify activities that used to be enjoyable. Plan to do at least one a week.
 - **Create a new future.** Four strategies continue to replace negative neural pathways in the brain.
 - ***Build the desired future.*** Imagine being a transition person in your family, experiencing more and more peace with the past (healed, forgiving, remembering the pleasant memories). Envision a flexible future with goals and desires, but not enslaved by these. Imagine crossing a bridge to a satisfying and pleasant life.
 - ***Walk through the future imagery*** (Ogden and Fisher 2015). Just imagine yourself moving forward *physically* in the future, relaxed, poised, possessing inner worth that is equal to others, full of love and awe, open to adventure, nicely dressed, and moving gracefully. Try it out.
 - ***Create new patterns*** (Ogden & Fisher, 2015; Shapiro, 2012). Identify a pattern you'd like to change (e.g., anxiety in social situations). Envision how you'd like to respond, say, with a relaxed body, earnest and kind interest, and a sense of fun and curiosity.
 - ***Carry a resource person with you*** (Ogden & Fisher, 2015). Envision carrying with you as you move ahead a loving, kind, safe person. What would that be like? Track sensations, feelings, thoughts, and images. When troubled, recall this resource person.

8. Know when to call for help

The wise survivor knows when to seek the aid of a skilled trauma therapist, especially when old memories cause symptoms that seem overwhelming. I'll just note here three excellent resources.

- **Accelerated Resolution Therapy (ART)** is a derivative of the validated EMDR trauma treatment. ART goes beyond EMDR and might provide even more rapid relief. This modality returns the survivor to the resilient zone, erases, and replaces old disturbing memories, and then helps one transition to a satisfying life (AcceleratedResolutionTherapy.com).
- **Intensive Trauma Recovery** is a gentle and rapid treatment modality that uses imagery and gentle recounting of the trauma story to integrate memory fragments and provide structure and completion to the story (HelpforTrauma.com).
- **SIDRAN Institute** provides names of local trauma specialists, readings, and other resources (help@didran.org).

About the Author

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8 Corporal Punishment and Caribbean Immigrants: Cross Cultural Effectiveness of a Brief SBFC Protocol

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ABSTRACT

Corporal Punishment (CP) is a primary method used for disciplining children in the Caribbean. However, as Caribbean immigrants leave their host country and settle into the United States, they sometimes discover that their parental discipline strategies are often at odds with the parental discipline practices in the US. It is not unusual for Caribbean immigrants who continue to use CP to encounter interactions with Child Protective Services. Furthermore, there is the concern that children who experience CP can later develop internalizing (e.g., depression, anxiety, self-esteem) and externalizing concerns (e.g., aggression, antisocial behavior). As such, Caribbean immigrant families are likely to benefit from intervention that would help them adjust their parental discipline strategies and allow them to engage in practices that promote the well-being of their children while still maintaining their core values. Using a case study methodology, this paper highlights the cross-cultural effectiveness of School Based Conjoint Family Counseling in strengthening the parent-child relationship, increasing communication and adaptive behaviors among families, and reducing the need for CP to be used with Caribbean immigrant children.

KEYWORDS

Corporal punishment, SBFC, Caribbean immigrants

INTRODUCTION

Corporal Punishment refers to the “the use of physical force to inflict pain but not injury for the purpose of correcting or controlling a child’s behavior” (Straus & Donnelly, 1994, p. 4). The practice has received a significant amount of international attention within the last few decades, but continues to be widely used across the world. Worldwide, 33 countries including Venezuela, Germany, Finland, New Zealand, Costa Rica, and Kenya have laws prohibiting the use of CP with children and 25 more have already initiated legal reform in this area (Global Initiative to End the Use of CP of Children, 2012). In the United States, CP is legal in the home in all 50 states and is legal within the schools in 19 states. In a study conducted in the United States in 2017, 35% of parents indicated that they used

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CP with their children ages 2-12 (Mehus & Patrick, 2021). Within the Caribbean, CP is a common discipline practice and is sanctioned in the home by legal statute in all 32-member states and in the school in 29-member states (UNICEF, 2010). Children are disciplined using CP for both major and minor behavioral infractions. In many Caribbean countries, some children are still subjected to beatings with the use of objects such as a stick or whip, or by hand.

Corporal punishment continues to be perpetuated in many countries for a number of reasons. Many parents hold on to the practice because of religious beliefs, cultural norms or are unaware of alternative discipline practices (Klevens et al., 2019). From a religious standpoint, those who are in favor of CP often point to the bible as justification for its use with children. The proverbial scripture, “He that spareth the rod, hateth his child” (Proverbs 13:24, King James Version) is often used by spiritual leaders as support for their promotion of CP. However, the rod used in this scripture appears to be a metaphorical one. An alternative explanation to this bible verse is that the intention in the scripture is to preserve the authority of the parental subsystem over the children subsystem within the familial structure. As such, CP can be viewed as one way to maintain the authority within the familial system. The cultural underpinning of CP also is responsible for the continued widespread use of the practice. CP is a practice that has been passed down from generation to generation across many societies. This practice can be traced back to the enslavement of Caribbean African people and the use of physical force to control behavior. Many of the practices that were exhibited on plantations by white masters towards enslaved Africans were later adopted by the African people.

Theoretical Frameworks

Bronfenbrenner’s ecological theory is critical to this paper, as it helps explain Children’s well-being and the systems that impact them. Ecological theory posits that to effectively study human behavior, an examination of the factors within the ecological environment in which the individual exists must be conducted. The ecological environment, according to Bronfenbrenner (1977), is comprised of multiple nested layers. These layers include the microsystem which is closest to the child (e.g., family, peer, or school settings), mesosystem (interactions of one or more microsystem), exosystem (e.g., government, workplace, media, and community) and macrosystem which is furthest away from the individual (e.g., societal culture, subculture attitudes that exert an indirect influence on the individual). A child who experiences corporal punishment often experiences it in a microsystem such as the family, may continue to exhibit similar behaviors for which he is punished in the school setting, the school and family may have an ineffective communication system to aid in helping the child, government agencies such as child protective services may be involved, and the Caribbean immigrant family’s discipline practices may be at odds with those of the new host society. The Caribbean immigrant family may be conflicted because their cultural beliefs, historical foundation, and religious beliefs may impact their use of corporal punishment.

Furthermore, family systems theory posits that the family is a complex system and to fully understand it, one must study the family unit as a whole, rather than its individual

members. An understanding of each member's place within the family is critical and the influence each member's behavior has on another member. Additionally within the family, one must consider the hierarchical nature of relationships and how the authority is used by parents to shape the behavior of children. The parenting practices that are used to shape children's behavior are often guided by cultural norms and laws that exist in a society. As such, no discussion of the topic of corporal punishment can be conducted without considering the complexity of factors that surround the use of the practice.

Corporal Punishment and Outcomes

The immediacy of CP in bringing about desired compliance attracts parents to the practice. Corporal Punishment often results in immediate change in behavior, albeit, not long lasting (Gershoff, 2013). Gershoff (2002a), in her meta-analysis of 88 studies, found that CP was positively associated with immediate compliance. In a meta-analysis of 26 studies conducted on physical punishment and alternative discipline practices, Larzelere and Kuhn (2005) found that conditional spanking (spanking under a limited set of conditions such as for noncompliance) resulted in higher rates of immediate compliance and lower rates of behavior problems than 10 out of 13 alternate forms of punishment (including time-out, reasoning, and verbal reprimands). However, many have criticized the practice arguing that immediate gains do not necessarily lead to long term gains in learning new behaviors and internalization of values. Oftentimes, children will avoid performing the behavior in front of those who will likely punish them but engage in the behavior in the absence of the threat of punishment (McCord, 2005). Furthermore, children are likely to engage in other inappropriate behaviors to achieve their desired outcomes since appropriate replacement behaviors are not taught when CP is used as the sole form of discipline.

The debate rages as to whether CP is synonymous with child abuse. Some argue that both practices exist on the same continuum and corporal punishment can easily turn into child abuse (Gershoff, 2002a). One study found that parents who engage in spanking were more likely to use other harsh physical punishment methods that are consistent with physical abuse (Zolotor et al., 2008). The physical risks involved in the practice include cuts and bruises, welts, and pain can occur depending on the method used. Some parents indicate that they use only an open hand on the buttocks area or a little flick on the finger thereby eliminating the risk for physical injury. Yet still, if physical injury is not evident, do risks for emotional and psychological injury continue to be present?

CP has been linked to a number of internalizing and externalizing behaviors in children and adolescents. For instance, children who experience CP are more likely to exhibit anxiety, depression, and other types of internalizing behaviors (Gershoff & Grogan-Kaylor, 2016). CP has also been linked to increases in aggression, bullying, and antisocial behavior (Altschul et al., 2016; Gershoff & Grogan-Kaylor, 2016; Liu, 2004). Perhaps through social learning theory, children who experience CP from their parents are more likely to exhibit physical aggression towards others (Gershoff, 2002a; Smith et al., 2011). Similarly, children may perpetuate acts of violence towards others in what is called the "cycle of violence" (Hazler, 1996). That is, children who experience intimidation and fear

from their own parents are likely to demonstrate similar acts towards their peers in the form of bullying (Hazler, 1996). Additionally, parenting and child rearing practices such as parental absence, poor discipline, and corporal punishment has been linked to increased rates of antisocial behavior in adolescents (Rebellon & Straus, 2017; Loeber, 1990; Gershoff, 2002a). Interestingly, even low rates of CP are linked to higher rates of antisocial behavior in children (Ma et al., 2012). These negative effects have been recognized across the world and are not limited to a specific cultural group.

Several parental factors have been associated with the use of CP with children. Both mothers and fathers who exhibited depressive symptoms are more likely to use CP (Callender et al., 2012). Additionally, mother's past trauma history is associated with the increased use of CP as a means of deterring children from exhibiting similar behaviors problems exhibited by their mother during childhood (Kistin et al, 2014). It appears that parents may be triggered by their children's behaviors and ineffectively use CP as a means of managing this discomfort. This information makes it more likely that the parent-child relationship is impacted when CP is used. The complexity of factors at play when CP is used makes it an even less viable option for child rearing.

There is research that suggests the CP disrupts the parent-child relationship. Children are likely to perceive CP as unfair and a form of rejection by their parents and internalize this rejection (Rohner, et al., 1991). Children who experience CP typically have more negative feelings about their parents, engage in less interaction with them and feel negatively about their parents (Gershoff, 2002; Bugental & Goodnow, 1998). Additionally, one study found mothers who engaged in CP were more likely to be hostile to their young children and provide less security and support for autonomy (Laible et al, 2019). These findings suggest the need to explore other methods of disciplining children which do not negatively impact the parent-child relationship and are guaranteed to promote well-being.

Interestingly, when youth and children are given the opportunity to speak about discipline practices, they have highlighted some important ideas that are worthy of consideration. For example, Filipino Street youth, who were subjected to substantial CP were asked to share their experiences and thoughts about the practice. In their responses, they shared that they were not interested in a total eradication of CP, however, they wanted non-violent discipline methods, more open communication, and respect and understanding between themselves and parental authority figures (Wartenweiler & Mansukhani, 2016). Shifting the patterns of interaction within the family and the primary modes of discipline will require cultural sensitivity, respect, and open dialogue in communities that still hold strong to the practice.

School Based Family Counseling

The challenges with using CP as a go-to form of discipline practice for children are significant and cannot be ignored. The school is in a key position to intercept a negative pattern of interaction between children and their families and help promote overall well-being for all involved. Oftentimes, children who exhibit difficulty in the home setting also demonstrate some challenges at school which eventually begin to impinge on academic performance. One method in which alternatives to CP can be explored, and a method for

repairing the broken parent-child relationship, is School Based Family Counseling (SBFC). School based family counseling involves the process of engaging the entire family in the counseling process to improve the academic performance of the child (Gerrard, 2008). Conducting school-based family counseling allows for family problems that interfere with academic growth to be addressed in the school and focus to be shifted away from the individual student to the subsystems in which the child exists (Gerrard, 2008). Furthermore, while schools are essential to helping nurture and reinforce behavioral and emotional skills, the family is the system in which these skills are best promoted (Gerrard, 2008).

The specific type of family counseling that takes place in the school is dependent upon the goals of the counseling session. Counseling sessions with family members may occur separately but run concurrently or the sessions may take place at different scheduled times (Carter & Evans 2008). However, a more preferable and effective option is for family members to be seen together and at the same time. This is referred to as Conjoint Family Counseling and is a process in which two or more family members are seen in therapy at the same time (Chenail, 2017). While the process of Conjoint Family Counseling in the community mental health setting may involve months, in the school setting, this process is brief and will run for 30 minutes for approximately 8 sessions (Carter & Evans, 2008). The abbreviated version of the conjoint counseling process is dictated by the restricted resources and time limitations in the school setting.

The efficacy of SBFC in the literature is well documented. Kelchner et al. (2020) found that family communication and satisfaction significantly increased when it was conducted with elementary students and their families. In a review of the literature conducted by Gerrard (2008), he found that SBFC was effective for a wide range of problems including bereavement, depression, academic difficulties, abuse, social anxiety, and parental abuse and neglect. Additionally, Gerrard (2008) highlighted six benefits of SBFC: improvement in the children's academic performance, improved behavioral and emotional functioning, reduction in classroom disruptive behavior, better behavior at home, strengthened home-school partnerships for students participating in SBFC, and the cost-effective nature of services.

Although SBFC is a potentially viable option as an alternative for Caribbean immigrants, there are many barriers to the acceptance of mental health services. For the Caribbean population, there is often a stigma attached to mental health services. Those who receive counseling services are often seen as "crazy" and helpless and sharing information about the family with others outside of the family network is frowned upon. This makes it difficult to accept help without the risk of feeling or being stigmatized. Additionally, the unique cultural background of Caribbean immigrants is not always understood by mental health care workers. Mental health practitioners who are trained with the Caribbean immigrant population are limited. Distrust for the process can arise when there are not enough trained professionals to meet the needs of the Caribbean immigrant population. For instance, childrearing practices in the Caribbean are often at odds with the United States system of childrearing. Physical discipline, strict boundary setting, harsh talking can often be part of the discipline practices among Caribbean immigrant parents. These behaviors can be interpreted in the United States as unloving and abusive. A mental health

professional who is not aware of these differences may approach the counseling session in a manner that might be insensitive to the Caribbean immigrant family and prevent the therapeutic alliance from being established.

The barriers to mental health services are further heightened by the distrust that many Caribbean immigrants have for the government systems. Caribbean immigrants are predominantly black and racial tensions within the United States may create fear and distrust for those in authority. This is further exacerbated by the undocumented status of many Caribbean immigrants, and some may not readily accept help because of the fear of deportation. In working with Caribbean immigrants, SBFC practitioners must be aware of these challenges and the systemic inequalities that may impact the academic and mental health well-being of Caribbean immigrant children. The SBFC practitioner must also recognize when the causes of the challenges the child experiences are greater than the child and family and take steps to remedy this where possible.

Conducting Conjoint School Based Family Counseling

Conjoint counseling in the school can help Caribbean immigrant families manage behavioral problems that exist in the home and filter into the school. Hernandez, Ribera and Carter (2019) have outlined a seven-step procedure for applying conjoint counseling services in a school setting. The seven-step method involves 5-6 six sessions with direct contact with the family and initial groundwork preparing for the counseling sessions.

The initial steps in conjoint family counseling are information gathering and making contact with family. The SBFC practitioner gathers information about the student's background, academic history and presenting problems. The SBFC practitioner collects information on when the problem began occurring, under what conditions, and the influencing variables. This allows the SBFC practitioner to be as well informed as possible when making the initial phone contact with the family to communicate the child's needs and why family counseling is important. During the initial call, the family may exhibit some resistance. This resistance is often normal with Caribbean immigrants and may stem from cultural beliefs regarding therapy, the desire to focus on academics, and the thought that the school should deal with matters that exist in the school and not in the home. This is the SBFC practitioners' chance to listen to the family, communicate the benefits of family counseling in a culturally sensitive manner, and allay parents' fears.

In the first meeting, rapport is built, expectations and ground rules are set for the sessions, and strengths and weaknesses are discussed along with the presenting problem. An important aspect in this stage is the interviewing of family members to hear their perspective on the presenting problem and what is going on in the family. This requires that other family members listen, avoid interrupting, and discord among parents be left for a separate parent only session. Communication is an important aspect of the first session and can be very trying for both parents and children who are accustomed to communicating in maladaptive ways.

The second session involves psychoeducation to address the presenting concerns and to help the family build strategies to cope. The SBFC practitioner has an opportunity to verbalize how the family's concerns are conceptualized within the context of their

stressors and family life cycle. Importantly, parents are engaged in identifying their methods of responding to their children and ways in which they are effective or ineffective. This is an especially important phase for parents who use yelling and spanking as this is an opportunity to develop more positive and adaptive ways of responding to their children. During this session, parents are taught effective discipline strategies. Some of these include “The Three Rules of Kindergarten,” and “The Three High Risk Behaviors of Adolescence.” The Three Rules of Kindergarten refer to teaching three major behaviors: keeping hands and feet to self, following directions, and respecting others and their property. The Three High Risk Behaviors of Adolescence refers to substance and alcohol abuse, romantic relationships, sexual behavior, pregnancy and sexually transmitted disease, and negative influence of peers. Parents are also taught that an open and trusting parent is critical during the adolescent period to buffer against these high-risk behaviors. The session typically ends with a summary of the main points discussed in the session and homework for the family members that involve trying some of the new strategies at home.

Integral to the seven-step procedure is the role of teaching parents discipline strategies that they can use with the children when they are being noncompliant. Some of these techniques include: “catching” the child being good, praising appropriate behavior, parental self-control, offering choices, and consequences for non-compliant behavior such as breaks and loss of privileges. Consistency and the willingness to follow through with consequences are important to the success of these discipline strategies. Such alternative discipline practices are critical for parents who previously employed corporal punishment as their primary form of discipline method.

The third family meeting involves co-constructing rules, expectations and consequences. The SBFC practitioner checks in with the positive discipline behavior strategies and how it has been going. Each member of the family is engaged in constructing rules, expectations for how things will operate in the home, and the consequences for child transgressions. The child’s participation in this process is critical as there is likely to be less resistance when implementing a behavioral plan when they feel as if some of their ideas were included. A positive behavior chart is developed with incentives for engaging in appropriate behavior. By the fourth meeting, progress is evaluated and challenges to the plan explored. The family has an opportunity to resolve some of the challenges they faced with the implementation of the new behavior plan. Dyad work is an important process in conjoint family counseling. Both children and parents must be able to communicate with each other directly and state how they feel. Each party should be able to actively listen and share positive comments about each other. As part of the fourth meeting, the family is engaged in conversation around how they have fun and low-cost ideas to do so are discussed. Having fun as a family is essential to building an open and trusting relationship with children and parents.

In the fifth session, the termination of the counseling relationship occurs and generalization and transferring of skills to future problems are addressed. By this stage, the family is more resilient and has a better structure for dealing with challenges. The concept of family meetings is introduced in which the family gathers together on a regular basis to discuss both positive and negative things that are occurring. The family is reminded to use

some of the key communication skills introduced throughout the counseling sessions. A one-month follow-up meeting is set to check on progress and booster sessions are scheduled as needed.

Present Context

SBFC and more specifically, Conjoint Family Counseling, is a useful tool that can be used to help families who may want to explore other methods for disciplining their children. In the schools, families can self-refer to the counseling process or be selected to participate based on a student need that is recognized by the school. Parental voluntary engagement is most preferred for a number of reasons including honoring parents' autonomy and decision making to determine the best course of action for their children. This will likely lead to more favorable outcomes from the family counseling session. However, there are cases where Child Protective Services mandate SBFC to families who have engaged in CP for the purpose of improving the communication among family members and having the parents explore different ways of disciplining their children. This involuntary process can be demeaning for families, take away autonomy, and possibly impose upon families a process and methods that are not in line with their value system. As such the SBFC counselor must take care in getting informed consent from families prior to the start of the session and engaging them in rapport building and the formation of the therapeutic alliance.

SBFC can prove beneficial for Caribbean families, who use CP, as they navigate their parenting journey in the United States. The current study highlights how SBFC, specifically Conjoint Family Counseling, can be effectively used with Caribbean immigrants. This is done within the context of mandated family counseling services by a government agency.

METHODOLOGY: CASE STUDY

This research study utilized a case study design with the primary unit of study being an 8-year-old, Jamaican American, 3rd grade boy of African and Jamaican heritage and his family who lived on the East Coast of the United States. The student (who will be called Justin during the remaining of this paper) was referred by his social worker for school-based family counseling. The intervention, school based conjoint family counseling, takes place with the family over a series of six sessions and were provided by a doctoral student during her final year of training under the supervision of a licensed psychologist.

Background

Justin was referred for counseling by his social worker. His mother and stepfather were later asked to participate in the counseling sessions as part of their treatment contract with Child Protective Services. The referral was made for services because of an incident that occurred in a store in which Justin's mother was captured on the store cameras physically disciplining him. This led to staff at the store calling 911 and the eventual involvement with Child Protective Services. Justin continued to remain in his parents'

custody but his social workers believed that counseling services for everyone involved was best. Justin's social worker also thought that school-based services would be the best approach since Justin was having difficulty focusing in class and being compliant with his teacher, behaviors similar to those he was exhibiting with his parents.

Justin's family immigrated from Jamaica two years prior to Justin's birth. Justin's grandmother lived in the US but because she worked 7 days per week, he rarely got to spend time with her. The family's extended kin network lived in Jamaica. In the US, the family had established a network of friends who were mostly Jamaicans. Justin's stepfather worked outside the home as a school bus driver while his mother was unemployed. Justin had two siblings who were both younger than him. Parents shared that within the past year, Justin seemed to be angrier and more defiant and had difficulty following simple rules. They often relied on CP to discipline Justin since this is the way they were raised. Justin indicated that he felt like his parents did not love him and they did not want him to do anything he really wanted to do. He also noted that he had difficulty focusing on his work at school and his teachers tried to help him but he often got angry with himself.

A review of academic records indicated that Justin was a strong academic student, meeting and exceeding grade level standards in most areas. However, within the last school year his grades began declining. Interventions in the school included parent teacher conferences, change in seat placement, extra time to complete school work, and a behavior contract. However, Justin's behavior did not appear to improve. No other academic or behavioral interventions were provided for Justin or his family.

Case Conceptualization

Based on the information collected, Justin's case can be conceptualized from a family systems perspective. Family systems theory postulates that individuals can be understood by the individuals place in the family, the interaction between the family members, and the context in which the family is embedded (Kerr and Bowen, 1988). Furthermore, an individual's emotional and physical well-being can be understood from studying the family as whole. In the current case, Justin appears to be impacted by a number of factors. His family has emigrated from Jamaica in the United States and experiencing competing value systems. While the family appears to value CP, the manner in which it is delivered is against societal norms in the US. Justin's place in the family must also be considered. He is not his stepfather's biological child and he has two half siblings. Justin may be sensing some inconsistencies in how he is treated within the family and internalizing this. As his behavior goes against of his family's expectations for behavior of children in the family, his parents appear to become stern and physical with him. The economic security of the family is likely threatened in some ways with his mother being unemployed and may be a stressor for his parents. Justin is also going through developmental changes and cognitively may be more aware of his place in the family and aware that the way he is disciplined is different from some of his peers. Furthermore, Justin is experiencing academic difficulty, however, parents and school are yet to explore reasons why this is happening. Is it happening because of Justin's emotional functioning? Is there a learning disability? Is there an interaction of some of the factors mentioned? Given these

pieces of information, school based conjoint family counseling appeared to be an appropriate intervention for Justin and his family.

Intervention

A call was made to Justin's mother to make initial contact and schedule the first session. The SBFC practitioner was careful to engage in some rapport building that also involved noting some strengths about Justin. Although reluctant to engage in the process, Justin's mother was cooperative and shared that she really wanted to find alternative ways to parent Justin.

During the first meeting, the SBFC practitioner gathered information about Justin and his family. Justin's family shared their resistance to counseling including the difficulty they had reconciling their child rearing practices with those of the US and the distrust they had for Child Protective Services. Time was spent getting to know the family members and hearing their stories. Important information regarding Justin's cultural background and his family's journey to the US was collected. Information about the family's resources, strengths and challenges were also of focus. The presenting problem was determined based on the information gathered from family members. During the counseling session, the family was encouraged to listen to each other, share their stories, and respond with empathy. This was initially difficult for Justin's parents who were accustomed to talking over him but with some prompting, they were able to follow the session rules.

The second meeting involved exploring the communication pattern between Justin and his parents and determining his triggers and parents' responses. Justin shared the situations that made him feel angry, resentful, and defiant. Time was spent bringing awareness to these behaviors and the ineffectiveness in getting his wants. As such, new behaviors were taught that included strategies to calm down, words to say instead of the maladaptive behaviors and ways to communicate his feelings to his parents including journaling. Parents identified the responses that they believed were ineffective in their childrearing skills and the ineffectiveness of CP in changing Justin's behavior, the sadness and anger that Justin experienced and more effective strategies. Strategies taught included positive parenting approaches such as boundary and limit setting, regulation of parent emotions, the role of natural consequences (whenever feasible and safe), positive reinforcement, and relationship building with each child. The family followed up in the third meeting by setting expectations about behavior, allowing for both Justin and parents to share their expectations of each other. Rules and consequences to behaviors were also co-constructed. That is, Justin and his parents were engaged in communication with each other to develop rules that both parties agreed to and were likely to follow. Justin and his parents also developed a plan for dealing with behavioral infractions without the use of physical discipline and a more positive approach to it. In both meetings, the SBFC practitioner engaged Justin in a role play session to help build their skills and set them up for success.

The fourth and fifth meeting involved checking in with Justin and his family and the progress they made. Parents shared that they had not used CP and were practicing using

the positive approaches. Justin reported that he felt less angry and more willing to talk to his parents as they seemed interested in him. The family were encouraged to plan a fun family outing and to engage in weekly family games and date nights. Family game nights involved the entire family playing games together, while the dates involved each parent taking turns spending one-on-one time with each child. The final session involved checking in on continued progress and how the plan was working, generalizing Justin behaviors to other settings including the school and his teachers, and terminating the session.

Progress Report

The case of Justin illuminates the role of school-based family counseling in improving the well-being of the individual child. During the intervention, the communication in Justin's family improved dramatically. Teaching the family about positive ways to interact with and hear each other allowed Justin and his family members to feel comfortable sharing their thoughts, feelings, and concerns. The weekly family meeting and game night greatly facilitated this process. As the communication and restoration of family relationship increased, Justin reported feeling less angry and his mood was overall more positive. This was associated with increases in compliance with parent and teachers. SBFC for Justin also increased the communication between the school and parents which allowed for academic supports to continue to be provided for Justin. Some of these supports included extra time for tests, separate area for testing, preferential seating and reinforcement for goal attainment. Justin's six-week grade report improved as he went from approaching grade level standards in his core subjects (math, English, science) to meeting expectations. His school did note that progress will be monitored and additional academic interventions provided as necessary. However, at the time, Justin's response to family counseling interventions and the associated improvement in academic functioning indicated that a learning disability is not under consideration. Finally, Justin continued to receive individualized counseling support as part of his treatment plan developed by Child Protective Services. Justin's mother reported that going through the process of school based conjoint family counseling significantly improved her confidence about her parenting skills and allowed her to still retain her cultural parenting values of maintaining boundaries and parental authority.

Multicultural Considerations

In proposing the use of SBFC when working with Caribbean immigrants who engage in CP, some important considerations must be highlighted. Engaging the Caribbean immigrant family in school based conjoint family counseling should be a voluntary process. Parents should have the right to choose whether or not they want to engage in the process without feeling pressured. There will be times that SBFC is mandatory and in these cases the SBFC practitioner should, at the minimum, seek informed consent from the family members. Another consideration is that CP is culturally ingrained in the Caribbean society. As such, many Caribbean immigrants use this method as their first choice of discipline. The SBFC practitioner must exhibit sensitivity when working with Caribbean immigrant parents. Simply asking them to accept the American way of disciplining children, while

ignoring their cultural upbringing, may bring about distrust for the SBFC practitioner. Rather, engaging them in a process to reconcile both systems may be the best approach. Further thought must also be given to the sociocultural factors that have shaped Caribbean immigrants. Some of these factors include the decision to migrate for economic reasons and the consequential economic strain that many Caribbean immigrants may experience in the US, trauma experienced by the family, family and social network in the US, and focus on education as a means of escaping poverty. Berger-Cardoso et. al (2019) also highlighted the need to consider the immigrant's pre- and post-migration individual and ecological (external) strengths. By giving consideration to these strengths, a more effective treatment plan can be developed.

CONCLUSION

Corporal punishment is rampant in the Caribbean and in other parts of the world. However, its use with children is highly questionable. The practice is linked to negative outcomes for children. Additionally, the practice potentially erodes the parent-child relationship which is critical for childhood and later teenage years. SBFC may be a viable option for addressing behavioral and emotional concerns in children and their family while helping families to retain their core values. SBFC is appropriate as many times the concerns that children demonstrate at home exist in the school and affect academic performance. However, in applying SBFC to working with Caribbean immigrants, the SBFC practitioner must be mindful of the cultural barriers that exist to accepting mental health services. Furthermore, there must be an understanding on the part of the SBFC practitioner of the cultural background and factors at play when doing family counseling with the immigrant family. When multicultural competency is displayed, and genuine warmth and care is demonstrated towards the family, they are more likely to accept help and participate in the change process.

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9 Intimate Parenting: Counseling Groups in the School

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ABSTRACT

The School Based Family Counseling meta-model emphasize that schools must progress toward a more active policy of addressing the mental health of all people involved – teachers, children, and parents alike. The model focuses on both the school and the family, working on two levels: prevention and intervention. My focus is on the parents, who have mainly been neglected. Parental practices are driven with emotional involvement, such that parenting interventions need to focus on emotions of the parent rather than the child, with an emphasis on emotions rather than cognition. Parents must not only be actively engaged in their children's educational process, but also step out of simply training and educating their child and address their own mental state throughout this process.

KEYWORDS

Prevention;
intervention; parental
practices; emotions;
intimate parenting

INTRODUCTION

Parental functioning is the most significant factor in children's well-being and the best predictor of children's adjustment and coping skills (Arteche & Murray, 2011; Belsky & Pluess, 2012; Forehand et al., 2014; Forgatch et al., 2017). Yet, schools do little to assist parents in becoming more effective in their parenting role. Traditionally, schools consider the children, not the parents, as their clients, thus, providing assistance mostly to the children. Although most individuals love their children and try to be constructive and caring, many feel like they failed in their role as parents. They should not be blamed for this, as most were never educated in parenting. They rely on common sense, instinct, and their own past experiences, which are not always helpful. When children with special challenges are involved, the parent's role becomes even more complex (Schei et al., 2016).

Poor parenting bears negative outcomes not only for the child, but also for the parent. When listening to parents talk about problems with their children, it seems that they are concerned more about their own poor functioning than about the child's functioning. They express feelings of disappointment, frustration, sadness, and anxiety, as expressed below:

I see him struggling in third grade and I know he's not going to make it in high school. I'm so worried about his future that I do the homework for him. He's totally dependent on me, fearful and distressed (a mother).

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The boy needs love and warmth, but I can't give it to him. Instead, I increase my demands, raise my expectations, and intensify limits and punishment. I know what he needs, but I can't give it because I'm so frustrated (a father).

When parents decide to seek help for their children, they usually look for experts to “fix” the child. But experts are very expensive and hard to find. Considering the important role that effective parenting plays in child development, it is important to actively reach out to them, and school is the most appropriate place to do so. However, schools refrain from taking on such a mission due to a long time policy suggesting that it is the students, not the parents, who are the clients. Moreover, many educators perceive their role as teachers of subject matter and refuse to take on the role of a mental health facilitator, a role that they were never trained for. Finally, most schools have a very limited staff to address the needs of all the children; they cannot be expected to address parents’ needs as well.

In the current chapter, I suggest that schools must progress toward a more active policy of addressing the mental health of all people involved – teachers, children, and parents alike. My focus is on the parents, who have mainly been neglected. Parents must not only be actively engaged in their children’s educational process, but also step out of simply training and educating their child and address their own mental state throughout this process. This self-reflection is important because parental stress affects badly their daily practices (Theule et al., 2013; White & King, 2011). Stressful parents are impatient, rejecting, and harsh (Weiner et al., 2016). Parental practices are driven with emotional involvement, such that parenting interventions need to focus on emotions (Greenberg, 2002; Johnson, 2008). Because the need for services is so high, and because group treatment has proven to be very effective (Burlingame et al., 2014), the intervention with parents should be group rather than individual oriented. The School Based Family Counseling (SBFC) model described below serves as a comprehensive and useful perception of possible interventions in school.

The School Based Family Counseling meta-model (Soriano, Gerrard, & Adler, 2013) has been in development for years. The model focuses on both the school and the family, working on two levels: prevention and intervention. On the preventative level, the school focus includes guidance groups for teachers and support groups and stress management for students. The intervention level includes counseling, teacher consultation, and crisis intervention. In terms of the family focus, the preventative level includes parent education and support groups, while the intervention level includes family counseling, parent consultation, and counseling groups. Schools usually concentrate on the school level, and embrace some of the prevention and intervention strategies offered, with group guidance and classroom meetings being the most commonly used strategies. Guidance groups are based on a short-term structured program aimed at enhancing social-emotional learning. Classroom meetings usually focus on group dynamics in the classroom. Prevention in school is based on structured, short-term programs, such as Life Skills Training run by teachers who are trained by school counselors and supported by written materials. Classroom meetings are rooted in Adlerian theory to manage the social dynamic

in the classroom and resolve classroom conflicts but are not very common. Some attempts have been made to conduct student support and counseling groups, particularly with children who face special challenges (e.g. ADHD, aggression, disruptive behavior, children of divorce), which have shown positive outcomes (Maixner-Schindel & Shechtman, 2020; Shechtman, 2014; 2017). In addition, teachers receive consultations from school counselors and psychologists when needed; however, parents remain outside of school services. In recent years, we have reached out to parents and conducted successful groups, which took place outside the school.

PARENT COUNSELING

The current chapter focuses on counseling groups for parents, which are suggested in the model but absent. I will describe our unique type of intervention, its goals, the theory, methods to engage parents in the group process, and the evidence-based of this treatment.

The Treatment Rationale

When parents share the difficulties they have with their children with us, they mainly express negative emotions about themselves. They report feeling stressed, worried, frustrated, or depressed. These are strong emotions that must be addressed before any treatment can be offered. Before guidance can be given, parents need to be supported to help free them of stress, fear, and guilt. Moreover, they need to be empowered in their parenting role so that self-confidence and self-efficacy are restored.

Thus, the focus of our treatment is the parent rather than the child, with an emphasis on emotions rather than cognition. This is quite tricky, as parents are not usually aware of their real needs. When they come for treatment, their goal is to find a remedy for the child or receive guidance. They may be initially resistant to being the focus of treatment, but as the intervention progresses, they quickly understand the power of group processes and even enjoy the counseling group.

Goals for Intervention: Intimate Parenting

The main goal of the intervention is to improve the parent-child relationship. A close relationship, based on intimacy with the child, is the foundation of successful parenting. Intimacy derives from the word *intimus* — the inner self. The term is mostly associated with romantic relationships reflected in emotional and sexual closeness and expressed in a sense of love, caring, trust, loyalty, and exclusivity. Intimate relationships thus allow for a sense of freedom, promote feelings of acceptance and a sense of self-esteem, and provide a buffer against loneliness (Ries & Shaver, 1988). Intimate relationships are also found in close friendships (Duck, 1991). In her research on close friendship (the best friend), Sharabany identified the following ingredients: emotional closeness, a sense of security, uniqueness, privacy, trust, loyalty, sincerity, spontaneity, sensitivity, understanding, giving, accepting, and mutual interest (Sharabany 1994).

I suggest that intimate relationships form the foundations of good parenting because they are based on love, emotional closeness, an empathic relationship, trust, caring, helping,

and doing things together. In intimate relationships with their parents, children feel safe enough to share feelings and events in their lives, knowing they can trust their parents to remain loyal to them. Children feel comfortable sharing positive and negative aspects of their lives knowing that their parents are open to listening, show interest in their lives, and are ready to provide assistance when needed. The love and appreciation that children receive from their parents allows them to feel important and unique, or special. Children need to see the enthusiasm in their parents' eyes, feel it in their touch, and hear it in their voices. These cues of enthusiasm provide the foundation for the child's sense of self-esteem, self-confidence, and ability to trust themselves and others. Relationships built on these foundations are more equipped to resolve problems; however, many children lack close relationships with their parents. For example, many children refrain sharing with their parents a dream, a fear, a failure, a social rejection. I know of a second grader who never shared with his parents that he was being abused by older children, despite it going on for six months. In another case, a teenager was bullied for years in school but never involved any adults at the school until he had an emotional breakdown. When asked why he remained silent, he said: "In school no one really cared, and at home my mother would cry with me." In this case, the boy could not rely on his parents because they felt so helpless. In another case, a teenager took his father's car without permission and got into an accident. He told his friends who were with him that his father would kill him and made the decision to commit suicide instead.

Children don't talk to their parents about personal matters when they don't trust them, or when they are afraid of them, or do not want to bother them. Take the case of a teenage girl from an immigrant family who went to her sister's wedding wearing a school uniform; she was too afraid to ask for a dress. Many years later, she understood that she was protecting her parents because she believed life was fragile for them. Similarly, a newly accepted doctoral student did not share the good news with her parents because they were uneducated and she thought they would not appreciate it. In contrast, a 15-year-old high school student from a highly prestigious family came to her parents with the news that she was pregnant. Her parents embraced her and assured her they would support her all the way. They maintained the intimacy with their daughter, providing emotional and protective support for her and her child and encouraging her to finish her education. Today, she is a lawyer raising four children of her own. These cases show how intimacy buffers against loneliness, while lack of intimacy leaves children on their own.

Sharing emotions and personal events requires a culture of intimacy and a language of emotions, which is missing in many families. Children are dependent on this sense of trust and closeness; they need to sense parents' love and appreciation in order to build their self-esteem and emotional growth. Yet, many parents—even those who are intelligent, well educated, and successful—lack the ability to maintain a close relationship (Michalek-Kwiecien & Kazmierczak, 2020).

One's ability to create and maintain intimate relationships is developed in the early stages of life. A steady and close relationship with a parental figure leads to the development of a secure attachment style. A child who develops a secure attachment style develops trust in self and others; in contrast, a child who didn't develop a secure attachment

stile, become anxious in relationship with others, or tend to avoid relationship (Cassidy & Shaver, 2018; Hazan & Shaver, 1987). One of the most important skills in intimate behavior is the ability to feel and talk about emotions, for which they need a vocabulary of emotions. Identifying feelings and expressing them leads to a better understanding of oneself, and others. Therefore, emotion-focused therapy is the best fit when working with parents on their relationship with their child.

Emotion Focused Therapy (EFT)

The prominent researcher and therapist Leslie Greenberg (2002) stipulated that a person has two selves: a rational one based on social norms and a set of values, and an emotional self which is authentic, spontaneous, and sensory. The emotional self-reacts more quickly to any event, including social events, often influencing thoughts and action. For example, a person who is rejected by a friend, initially feels insulted, and then thinks about how he or she will react. In order to react properly, the two selves need to work in harmony; understand the feeling and strong emotions covered by anger, and only then choose the response.

Intimacy requires self-awareness and self-understanding. The ability to develop an intimate relationship cannot be simply taught through education or skill training. Intimacy relies on emotions such as anger, sadness, fear, shame, and guilt, disturbing our life silently and sometimes appearing in our worst moments. To make a change in our relationships, we need to engage in an emotional dialogue with ourselves, to dig into our feelings, explore our thoughts and emotions, and develop an understanding of our behavior.

Here is an illustration of a father experiencing disturbing and unresolved emotions, as was revealed in a group counseling intervention for parents: *“He is my only son and I expected to do things with him that boys do. I was very active in my childhood, always outdoors, always the center of the group, and he is so different”*. This father is unhappy with and highly critical of his son. The boy is a poor achiever in school, doesn’t play sports, and is quite lonely; the computer is his best friend. In the group setting, the father soon admits that he doesn’t treat his son warmly, but he doesn’t know why. Digging into his feelings, he mainly expresses disappointment.

Andrew Solomon, in his book *Far from the Tree* (2012), writes about the tendency of parents to prefer children like themselves. As an example, he brings the case of deaf parents who prefer deaf children to hearing children. In a similar vein, Anne Griffin in her book *When All is Said* (2019), describes a father who is extremely unhappy with his only son. The father was a farmer with only four years of elementary school, while his son grew up to be a successful intellectual. It took the father a whole life to understand that he was ashamed and embarrassed to admit to his son that he has a learning disability. Such insights require the courage to explore one’s feelings and try to understand what makes one so resistant. This is the beginning of a path of change. Recognizing and owning one’s own feelings leads to understanding and acceptance of one’s child.

Some cases are quite simple to resolve; other cases are much more difficult. Children with learning disabilities and attention problems, as well as those with emotional

or physical disorders, tend to raise more antagonism and rejection; yet they are the ones who need their parents' attention and love the most.

Groups for Developing Intimacy

Many parents find it difficult to share personal events, express feelings, or listen with empathy to their child; they prefer to make requests, set limits, and control behavior instead. To develop intimacy, one must first develop a sense of trust in oneself and others. That is, intimacy entails not only acceptance and understanding of others, but also self-awareness, self-understanding, and self-compassion (Neff & Dahm, 2015). These ingredients are not easy to teach; however, they develop naturally in groups through experiential learning (Yalom & Leszcz, 2021).

By definition, the group process requires people to share personal experiences. But this is not merely a requirement; the group setting helps participants by presenting behavior to be imitated, by sharing through altruistic behavior, and by offering support, empowerment, and hope. Communication that is the most effective in group setting is one that the member involves his or her feelings. An effective therapist works to develop a language of emotions and empathy, as well as the ability to effectively provide constructive feedback. These are skills that may be transferred from the group experience to other relationships outside the group. Various therapeutic techniques, such as bibliotherapy, art therapy, and phototherapy, help participants engage in the group process and acquire the skills needed. Here are some examples.

The group leader began one intervention by presenting a picture of a tree after a storm. One mother immediately reacted, saying, "This is exactly how I feel at the end of the day." She then shared how difficult it is for her to raise a hyperactive boy. Difficulties with children became the topic of the session; other parents spontaneously engaged in sharing feelings and events, reacted to others, and tried to assist one another. A lot of stress was expressed, which strengthened the connection between participants. This beginning laid the foundation for further exploration.

In another session the therapist presented a story about an ambiguous father who was very proud of his four-year-old son's reading skills, but could not accept his difficulties telling time. The more frustrated the father got, the more violent he became until he eventually hit his son. Listening to the story, the mother of a child with learning disabilities responded: "I see the horror in my children's eyes." She shared how strict she was about her children's homework and grades and then expressed an insight: "Coming from a family that placed such high expectations on me, how can I react differently?" By getting in touch with her feelings and gaining insight, she was able to break the family cycle of unrealistically high expectations.

Another important technique is role playing. By watching others play their role, parents become aware of their own behavior. One well-intentioned mother learned how cruel she sounded, while a father discovered how demanding he was and understood why his daughter kept her distance from him. Another strategy—writing a letter to the child—

helped one father empathically understand his son's feelings. All these techniques, and many others, are helpful in engaging parents in a counseling process.

Group therapists must remember that parents are not regular clients; parents come to the group at the school's invitation to learn more effective coping skills with their children. They come in frustrated and helpless, sometimes depressed. Therefore, therapists must be very careful in allowing parents to progress at their own pace and gently guide them toward self-understanding. It is important to start by empowering parents, bringing out their good and strong parts, establishing a safe climate, and creating helpful norms of group behavior. Only then can we lead them to self-awareness and behavior change.

RESULTS FROM RESEARCH

Research is important to provide the evidence-based for emotion-focused group therapy (EFGT) for parents. Five large-scale studies followed the implementation of this group treatment, investigating both processes and outcomes.

First, we compared EFGT to an educational intervention based on expert lectures (Shechtman & Gilat, 2005). Mothers of children with learning disabilities and attention problems participated in these two types of groups. Fifty six mothers in each condition participated in 15 weekly one-hour sessions. Measures of outcomes included parental level of stress and perception of the severity of the problem. Parental stress plays an important role in parents' responses to their children. Stressful parents are restless, angry, and less consistent, and tend to be punitive. Perception of the severity of the problem colors the parent's attitude to the child and determines the parent's response. Study results not only indicated a decrease in both variables only among the EFGT mothers, but also showed increased parental stress among those undergoing educational treatment. We attributed these results to the positive group interaction in the emotion-based therapy, whereas listening to experts without processing the knowledge may be quite confusing.

This interpretation was supported by empirical investigation of the process. We asked EFGT participants to answer the question: "What was the most significant moment for you in the group?" The most frequently mentioned responses to this question were factors that pointed to group cohesion (i.e., support, assistance, liking others) and to interpersonal learning (feedback and imitative behavior), both of which are not included in the educational treatment.

Interestingly, even though they did not participate in any of these groups, fathers (who completed the same measures) also showed a reduction in stress and in negative perceptions of their child, which points to the wide positive effect that improvement among mothers can have on the entire family (Shechtman & Gilat, 2005).

In another study, group intervention was compared with individual treatment, also with parents of children with learning disabilities and attention problems. Measures included parental stress, parental response to children's emotional events, and parents' perceived social support. When compared to the no-treatment group (negative control), outcomes of both treatments demonstrated an effectiveness in reducing parental stress, with

individual treatment being the more effective method of changing parents' negative practices (Danino & Shechtman, 2012).

A third study, compared treatment in three different conditions: mother only treated, child only treated, and mother and child treated. Results supported earlier findings: parental stress and rumination about the problem decreased, satisfaction with the child rose, scholastic achievement increased, and child behavior improved based on both parent and child reports. Treatments that involved both the mother and the child demonstrated the best results (Finegold & Shechtman, 2020).

Shechtman and Birani-Nasaraladin (2006) conducted a study that involved 75 Druze mothers of highly aggressive children. They were divided into three experimental conditions: mother in treatment, child in treatment, and no treatment. The children completed an aggression questionnaire, and the mothers completed a questionnaire on parental practices. Only in the two experimental groups (mothers or children) did participants report a reduction in the child's aggressive behavior. Furthermore, mothers in treatment improved in most parental practices compared to the control group, and a correlation was found between the mother's improvement and reduction of aggression among children.

Ziperfal and Shechtman (2017) investigated the effect of mother's group treatment on both, mothers and their children, compared to a control-no treatment group of mothers. Seventy-eight mothers participated in each research condition. Results indicated improvement of mothers' self-efficacy, social support, and parenting style (less authoritarian). Children also reported their own improved self-efficacy, emotional state, and behavior. No change was reported by mothers and their children in the control group. Research into the process suggested that the factors leading to parental change were self-awareness ("I understood that I am harsh with him because he is so different from me"), change in the perception of the problem ("I feel more empathy toward him because I now understand that he's really struggling"), and improved self-esteem ("I don't think I'm such a bad mother now. I feel I can handle even difficult situations that come up").

Based on these studies, the evidence-based of EFGT is clear. It is a useful method for helping parents. In all studies, treatment mothers improved on most variables compared to no treatment or other types of treatment. The process investigation indicated that outcomes could be attributed to the group intervention: treatment mothers pointed to the importance of relationships in the group, mutual support, and interpersonal learning. All parents of these studies were targeted in schools but conducted outside of the school. Unfortunately, schools still do not provide such services to parents.

SUMMARY AND CONCLUSION

Within the SBFC model, I've chosen to discuss **group counseling for parents**, which has yet to be sponsored by the school. Overall, of the different types of group intervention (educational, task groups, training groups), counseling and psychotherapy groups – particularly those of a psychodynamic orientation – have shown the best outcomes and the longest effect (Shedler, 2010).

I believe that many parents need more than education and guidance. They must transform their thoughts, feelings, and behavior, and this can only be achieved through a deep understanding of self. Here is a summary of the principles of this method:

1. It is the parent, not the child, who is the center of treatment, although both will enjoy the fruits of the intervention. The purpose of group therapy is not to provide a remedy for the child or parenting tips, but to help parents develop their own selves. They have to put efforts to remedy the negative emotions that they may feel, such as frustration, shame, and guilt, for a better relationship with their children.
2. The goal of treatment is for the parent to develop an intimate relationship with his or her child. Such a relationship is built on empathic understanding, the interplay of trust and loyalty, and the act of giving and taking as they all fall within the framework of emotional closeness.
3. The focus on emotions is the key to developing intimate relationships. Parents need to identify and understand the reasons underlying their inappropriate responses. This awareness leads to change in the parent's perception of the child, of the challenging situation, and of his or her own contribution to the problem. Parents need to learn the language of feelings in order to use it and teach it to their children.
4. The group setting is the best choice for parental interventions, as the group process teaches the language of feelings, the importance of insight, and empathic skills – all qualities needed for intimate relationships.

Throughout this chapter, I have referred to parents as the subject of treatment, but most participants in our studies and clinical work are mothers. We have seen that fathers are affected by mothers' change to a certain degree (Shechtman & Gilat, 2005). We also found that when fathers join mothers in the treatment, outcomes have a longer effect (Danino & Shechtman, 2017). We need to make more efforts to bring fathers into the group, and we certainly need to conduct more counseling groups with parents, whether inside or outside the school.

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