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Global Chaos

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Cover Art

Eric Lowe
Kenton, Manitoba

Global Chaos is a visual statement on our current world state. The steel sculpture is a group of different sized hoops continuously welded together. There is no apparent logic in the chaos, just movement.

As with the sculpture, the world keeps going on like time. It doesn't stop. There is no beginning and there is no ending. This makes perfect sense, but there is no point to it. Life is just happening without a consistent global organizational meaning.

Global Chaos is a group of about a dozen rolled one-inch steel hoops. They range from sixty to thirty inches in diameter. The hoops are welded together in a variety of directions, with no beginning and no end.

INTRODUCTION BY THE EDITOR

Marion Terry, Ph.D.

The *BU Journal of Graduate Studies in Education* is devoted to rural, northern, and Indigenous education. This supplement features eight articles selected from 2009 to 2012, before ERIC started indexing our journal in 2013.

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REFEREED ARTICLES

The Changing Roles of Special Education Teachers in the 21st Century

Joanne Bradley

Abstract

The introduction of inclusive education in Manitoba, Canada, 30 years ago, has changed the roles and responsibilities of special education teachers. These professionals are now teachers without a class, who co-teach with, and are a support service for, the regular education teacher. They have new administrative duties, due to increased responsibilities related to scheduling and paperwork. In addition, they are held responsible for the teaching of risk reduction behaviours in the inclusive setting. Special educational teachers have therefore had to reevaluate their purpose in the educational system to provide regular classroom teachers and their students with the opportunity to have the most success.

Inclusion of special needs students in the regular classroom is a philosophy that has shaped the educational system in Manitoba, Canada, for the past 30 years. Instead of serving these students by means of pull-out programs, resource rooms, and special education classrooms, we now place “students with disabilities of all ranges and types in general education classrooms with appropriate services and supports provided in that context” (Sailor, 2002, p. 13). The concept sounds simple enough in theory, but it has far-reaching implications for the special education program in a school. With the changes to the educational system, “a student with a disability is no longer only special education’s responsibility: that student is the system’s responsibility” (McLaughlin & Henderson, 2000, p. 57). In order to meet these changes within the context of inclusive education, special education teachers have had to change their roles and responsibilities. They have become teachers without a class, who co-teach with the regular education teacher. Their new role as a support service for the regular classroom teacher imposes new communication demands. They have also taken on administrative duties, due to the increased responsibility of scheduling and paperwork. Finally, they are responsible for ensuring that risk-reduction behaviours are taught in the inclusive setting.

Special education teachers may feel confused and unclear about their role as teachers, with the shift to inclusion. When teachers have classes of their own students, they know what is expected. They set up the rules and have expectations set for their students. When special educators taught in an isolated setting, they taught the students with learning difficulties or disabilities (York-Barr & Kronberg, 2002). They created individualized education plans (IEPs) and implemented them in their own classrooms. There was no need to figure out how the special needs students were going to be included in the classroom; they already were a part of it because it was their classroom.

With the move to inclusive education, the special education teacher is still responsible for those same students, but in the role of supportive co-teacher instead of being the primary teacher (York-Barr & Kronberg, 2002). The teaching of curriculum to special education students, once the sole responsibility of the special education teacher, has become the task of the regular education teacher. Classroom teachers turn to the special education teacher to learn how to provide the best education for these students, including IEPs (Idol, 2006). Therefore, with inclusion, the main focus is no longer just the education of children; it becomes the education of adults. This is a responsibility that has its own set of challenges.

Co-teaching can be a challenge for many people. Most teachers develop a sense of ownership of their classroom. They have it set up the way they like it, with procedures in place that work best for them. The special education teacher may feel like an invited guest in the

regular classroom teacher's classroom and not share the same sense of ownership of the class, which can make sharing the responsibility of teaching awkward for both individuals (Klingner & Vaughn, 2002). It is a case of not wanting to offend anyone or overstep boundaries that have already been firmly entrenched. Most regular education teachers do share the belief that students with learning disabilities, for example, should be educated within the regular education classroom with their peers (Idol, 2006), but the attitudes that special educators are met with many times contradict this notion. Many regular education teachers have a difficult time sharing control of their classrooms, and can have an uncooperative attitude when it comes to the idea of co-teaching (Vlachou, 2006).

With the push toward inclusion, regular classroom teachers have no other choice but to collaborate with their special education counterparts. The special education teacher's role is not to assess the work of the regular classroom teacher. He or she provides support for the regular classroom teacher, so that the best education possible is provided to all the students. The special education teacher helps to make adaptations to lessons for special needs students, so they can have the best chance at success (Klingner & Vaughn, 2002). Taking on the role of co-teacher means that communication between the two parties is one of the most important parts of the job. Communication must be effective if both teachers are going to be able to provide the best educational opportunity to all students.

Communication is one of the biggest factors in ensuring that inclusion will be successful. Special educators may have difficulty finding time to interact with other staff members (Ferguson et al., 2002). Planning is particularly time consuming. If special educators and classroom teachers are to be co-teachers, they need time to plan together, so that they can offer the best lessons to students. They need time to consult one another on individual students' IEP progress (Klingner & Vaughn, 2002). If both teachers are not working together to ensure that IEP goals are being met, then the student becomes lost in the inclusive classroom. When specific adaptations or modifications need to be made, the special education teacher is the best resource available to the regular classroom teacher. The communication needs to happen in the least restrictive way possible, so that the relationship remains positive and intact. Therefore, special education teachers must work around the schedules of a variety of people. This scheduling becomes another responsibility for the special education teacher.

Previous to inclusion, the scheduling of the "pull-out" special educator's time was not much different from that of a regular education teacher. Timetables were designed, and the teachers filled them in to schedule pull-out time to work with specific students (York-Barr & Kronberg, 2002). In an inclusive setting, scheduling becomes much more difficult. For example, if a particular special needs student requires some kind of one-on-one support during a pull-out time, the special education teacher must work around a variety of schedules and issues – is it convenient for all students? will it conflict with the regular classroom schedule? will it conflict with what the regular classroom teacher has planned? will it take the student away from subjects that are important to, or favored by, the student? (Vlachou, 2006). It is no longer just the special education teacher's timetable that needs to be adjusted and worked around, but the timetables of all teachers working with these students. Time is a precious commodity in a school year, so to start requesting more time of others becomes a challenge. The key for this partnership between teachers is flexibility (Kemper Cohen et al, 1994). If both teachers are not flexible with each other's schedules and styles then the partnership will fail, and in the end they will have failed their students. With all of these schedules and students in various classes, moving in many different circles, the issue of tracking their success becomes difficult. It is not only the administrative responsibility of scheduling that presents itself as a challenge; the paperwork involved in tracking the students' success becomes overwhelming.

The special education teacher in an inclusive setting must now deal with an ever-increasing amount of paperwork (Murdock, 2010), which becomes larger based on the need to update IEPs and assess students (Klingner & Vaughn, 2002). The IEP is the most important document used by both the special education teacher and the regular classroom teacher to track the

success of the special needs students. Before inclusion, a special education teacher could write a student's IEP on an annual basis and measure the students' success toward attaining the goals of their IEP in an informal way (Klingner & Vaughn, 2002). In the inclusive classroom, the IEP must be updated on a more regular basis, to coincide with the demands of reporting to parents. It is not uncommon these days to re-evaluate the goals of a student's IEP on a quarterly basis, which means rewriting goals just as frequently (Klingner & Vaughn, 2002). Special educators report spending many hours at home in the evenings and on weekends working on IEP-related paperwork (York-Barr et al., 2005). When teachers have to spend more time completing paperwork, time that was previously available for teaching is sacrificed (Ferguson et al., 2002). Many people decide to become teachers because they have a passion for the children and enjoy watching them have success. This passion is special for special educators because they strive to see success both in academic and social aspects of the student's education.

Logically, special educators know that they are responsible for the academic education of special needs students, but there is a branch of education that is not academic. Education is not all reading and writing, math and science. There is also the whole area of education that deals with behaviours and social skills. Special needs students are more likely to participate in risky behaviours such as alcohol and/or drug abuse, and unsafe sexual behaviours (Lamorey, 2010). Teaching the dangers of these risky behaviours is crucial to ensure the safety and classroom learning of special needs students. Students who come to school under the influence of a narcotic, for example, are at risk academically as well as physically. In secondary schools, guidance counsellors are responsible for teaching these functional skills, but in the younger grades this teaching falls into the hands of the special education teacher in cooperation with the regular classroom teacher. This collaborative approach provides an opportunity for the students to receive the information at the appropriate instructional level, and then apply it both in the regular classroom and in their daily life situations (Lamorey, 2010). If teachers are going to continue to have success with these students in their classroom, they must deal with these risky behaviours and give students the information to make well-informed decisions for a lifetime.

In order for inclusion to be successful for both the child and the school in general, special education teachers become co-teachers who support the regular education teachers and communicate with them on the progress of special needs students. They also complete the administrative duties that come with inclusion, such as scheduling and paperwork. Finally, they ensure that not only academics, but social and at-risk behaviour prevention, are taught to the special needs students. These new roles and responsibilities have arisen because of the shift to inclusive education. It is no wonder that "special educators are more likely to depart the profession of teaching than any other teaching group" (York-Barr et al., 2005, p. 194). The demands placed on these individuals are overwhelming. It is the reward of seeing the special education students thrive in the school environment, with their peers, that makes it all worthwhile. Special education teachers have a special job: preparing the special needs student to thrive in the world outside the classroom. With the collaboration of the regular education teacher, this goal can be met and students can achieve success.

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Educating Gifted and Talented Students: An Educational Paradigm

Kathy Byrka

Abstract

Gifted and talented children share some unique characteristics that must be understood by counsellors, and teachers. These children need to be identified in order to provide challenging education that they so desperately need. When not feeling challenged, these children report being bored, which results in feelings of exhaustion and stress. Gifted and talented children are very sensitive to their surroundings, and are often bullied by jealous students. A school that provides advanced methodologies, understanding counsellors, and educated teachers can help to reduce these problems, motivating the gifted and talented students to excel above and beyond their potential.

Understanding how gifted and talented students function and learn is critical to their success. Gifted and talented students share many characteristics and have a strong desire to be challenged. Counsellors must be very perceptive of who the gifted children are in their schools and be able to assess their needs. When teachers understand how the gifted students function and learn, they are better able to provide differentiated curriculum in order to achieve student success. School personnel need to be aware of their gifted population's unique needs and develop programs to keep these students challenged.

Qualities of a Gifted Child

Gifted children share the same characteristics as average children, but have a stronger need to achieve and fit into social situations. These children have very high expectations and want to be the best in everything, which often clouds their vision of reality and makes them highly sensitive to criticism and feelings of exhaustion (Rakow, 2005). They are more aware of their environment and are able to sense and feel more than the average person, causing them to feel anxious (Peterson, 2007). Many high achievers find that being popular and smart is difficult, because they are faced with bullying and resentment from jealous peers (Francis, 2009; Wood, 2010). For example, Ashley (a pseudonym), who attends a high school in Manitoba, is constantly being harassed because she is smart, athletic, musical, attractive, and gets along with the boys. Like other high achievers, she deals with jealous girls trying to "put her down" every day, in an attempt to bring her down to their level.

Gifted children need to excel in everything, which makes all new situations very stressful. They try to fit in with all peer groups in an attempt to figure out exactly where they belong (Rakow, 2005). Ashley has never been able to get close to anyone and finds that she is always moving from group to group. Children of this nature have to learn to accept themselves and deal with both the challenges and failures that they face, while promoting growth within themselves (Rakow, 2005). Gifted children have many needs and a vast range of abilities that require attention (Gavin et al., 2007). Some studies have found that gifted children will deal with their stress through suicide, eating disorders, substance abuse, and dropping out of high school (Peterson, 2007).

In school, talented students are easily bored and show signs of depression when they are not able to advance in their studies (Rogers, 2007). Problem solving is an important part of learning for gifted children: they require advanced curriculum and need to be challenged constantly (Gavin et al., 2007; Graffam, 2006). They are self-motivated and prefer to work independently, as opposed to regular learners (Rogers, 2007). Ashley chooses not to work in

groups anymore, so she can avoid dealing with the lack of effort produced by others. However, acceptance from peers often outweighs the academic need to succeed (Francis, 2009). Many gifted children appear to function and fit in the same as other children do; however, they are often either overwhelmed or disengaged and feel stressed about peers and school, especially when they can not advance in their studies.

Role of the Counsellor

Counsellors are aware of many student risk factors, but they very rarely perceive the risk factors of a gifted learner (Peterson, 2007). A counsellor's success with a gifted and talented student relies on a recognition of giftedness itself (Wood, 2010). If a counsellor fails to identify who the gifted learners are, problematic behaviour may be the result. This behaviour is due to boredom and lack of motivational and challenging classes for the students to enrol in (Peterson, 2007). Counsellors play a big role in helping gifted learners in intangible areas such as self-acceptance and self-esteem (Wood, 2010). Gifted students are often set apart from others and need a counsellor to help them understand themselves as gifted. Counsellors must be fluent in the developmental aspects of giftedness, such as asynchrony, excitement for learning, intensity, need to achieve, need for mental stimulation and comprehension, desire for precision and/or perfection, moral awareness, and introversion (Wood, 2010). Counsellors can determine giftedness through Clinical Assessment of Behaviour (CAB) tests to determine students' level of cognitive functioning (Bracken & Brown, 2008). Once they have discovered the gifted student, it is important for school counsellors to assist gifted learners with their self-doubt and unrealistic perfectionism in their academics, and to help them deal with the stress that they put upon themselves (Wood, 2010). Overall, the goals of a counsellor should be to identify the gifted students' fear of failure and need to be perfect, aid students in finding compatible peers, and assist them with self-expectations.

Role of the Teacher

School districts must be proactive toward gifted education, and provide teachers with the necessary training for success (Rogers, 2007). School districts have to provide proper programs, train educators, and identify subjects that will be selected in the gifted program. It is critical that the teachers of gifted learners are well-trained (Graffam, 2006). If teachers are not properly trained, the gifted learner is often at the mercy of that teacher who becomes overwhelmed by the overload of differentiated instruction (Rakow, 2007). As a result, the students do not meet their academic needs. Differentiated instruction is important for teachers to achieve success with gifted learners (Graffam, 2006). If teachers are not aware of how to teach gifted learners, they run the risk of not recognizing who the gifted learners are, and differential learning is not as effective. When gifted learners are not motivated in the classroom, and are forced to learn the same material every year, problems arise due to disengagement (Rogers, 2007). In past years, Ashley sometimes felt that she did not need to attend certain classes, and she was very bored in a class that continually addressed the needs of the low achievers. If she missed one week, she still ended up being ahead of the entire class. She came to the point where she did not even want to go to school. Gifted education in schools therefore requires proper teacher training.

Students who are taught differentiated curriculum make noticeable gains (Gavin et al., 2007). Accelerating the curriculum one or two grade levels results in a stimulating and challenging classroom that keeps gifted learners challenged and free from boredom (Wood, 2010). Teaching gifted learners involves teaching the curriculum at a faster, more advanced pace that is two or three levels above grade level (Graffam, 2006). Gifted learners who are challenged and given opportunities to advance in their learning can therefore increase their achievement levels from one to three years of growth (Rogers, 2007). Teachers need to excite

these students and have them look “outside of the box,” beyond the pages of curriculum (Graffam, 2006, p. 123). Student growth will increase yearly, assuming that challenges are consistently provided at advanced rates (Rogers, 2007). Students are more intense on learning and achieving when they are self-directed and under the strict guidance of a well-trained teacher. Teacher success depends on the ability to understand gifted students and acquire the skills needed to instruct them (Graffam, 2006).

Methodologies

Advanced classes, cluster grouping, acceleration, pull-out, and compacting are some options to assist gifted learners. These learners excel academically when placed with similar students in advanced differentiated classrooms (Rogers, 2007). The exchange between individual learning and group learning works well for gifted learners, as the learning process is not slowed down (Graffam, 2006). When Ashley was placed in an advanced math class, she found that learning was much easier, since the learning process was not stalled by low achievers. When curriculum is compacted, students learn at a faster pace and become more excited with content. This type of learning, in turn, results in positive attitudes and an increase in performance (Rogers, 2007). Regular classroom teachers often are not qualified and do not have the resources or motivation to implement a program for gifted learners. Curriculum must be delivered to gifted learners at a consistent rate in order for them to succeed without being bored (Rogers, 2007). Treating gifted learners as professionals, and providing an option for advanced learning, have been effective tools for success (Gavin et al., 2007).

Cluster grouping is another option, whereby small groups of high achievers are put together to learn advanced work (Rakow, 2007). Students can also learn through self-directing their own curriculum, and developing their own standards and goals to advance their knowledge (Rogers, 2007). The success of one school, The Johns Hopkins University Center for Talented Youth (CTY), is attributed to programs that are tailored to the high intellectual abilities of gifted children (Ybarra, 2005). Options for gifted learners include grade acceleration, early entrance to kindergarten, international baccalaureate courses, academic acceleration, grade skipping, and pull-out groups for gifted learners (Rogers, 2007). Pull-out programs that provide challenging curriculum can be effective and often have better instruction with a qualified instructor). Whether schools use cluster grouping or separate programming, it is imperative that the school and the educators determine what approach is best suited for their gifted and talented population, and have well-trained professionals and programs in place.

The programs that exist outside of the regular classroom seem to more beneficial for both teachers and gifted students. Teachers are generally better trained and do not feel as exhausted offering differentiated instruction to their students, who in turn reap the benefits of an accelerated and challenging learning environment. As a result, the students are more excited to learn and have a better attitude toward their own learning (Rogers, 2007). Therefore, it is significant for teachers to assess students who are gifted and then provide the programming that will inspire them to excel (“No Child,” 2010).

Conclusion

Gifted students, although unique and talented, tend to encounter problems with bullying, boredom, and underachievement. However, with understanding counsellors, educated teachers, and challenging curriculum, these problems can be reduced. Responsive teachers and counsellors play an important role in identifying gifted children’s mixed feelings of what exactly is expected of them at school and home, where they can feel accepted and enjoyed.

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Effects of Nurture Versus Trauma on Infant and Early Childhood Psychological and Social Development

Margaret Nichols

Abstract

Child maltreatment is a significant problem in North America. Maltreatment comes in many forms, such as neglect, physical abuse, sexual abuse, abandonment, and traumatic world events. The maltreatment affects children's neurobiological development, and thus, potentially their future quality of social and psychological health. This article gives a basic description of how the brain works and discusses the impact of trauma, particularly from birth to three years of age, on different aspects of the brain. It also contrasts the effects of trauma with the impact of nurture on the brain. The author demonstrates that what happens from birth to age three sets up the person's neuro-wiring for how individuals will respond to perceived traumatic events for the rest of their lives, and determines whether or not they will be prone to psychological disorders by the age of three or later on in life.

The early years of human life, from birth to three years of age, are the most crucial years for a child's psychological and social development. The quality of a child's relationship with his or her mother or primary caregiver is of utmost importance. This early bonding, or lack thereof, sets the stage for an individual's ability to cope with future stresses in relationships and in life. The complex social-emotional neuron networking that is established in the brain during these early years of life becomes the foundation upon which each person interacts with his or her world. Early childhood neglect or abuse can cause chronic stress. The brain's stress response system then creates neuro-wiring that leaves the child with a distorted sense of attachment, thus disrupting a child's ability to relate to others in socially acceptable ways. Under these circumstances the child's ability to learn to emotionally self-regulate is also disrupted. These disruptions can result in a myriad of social dysfunctions throughout the traumatized child's life. On the other hand, if the mother or primary caregiver offers predominantly nurturing and protective care during early childhood, then the child's brain is networked with effective coping mechanisms to handle life's presenting stresses. Parental care, bonding, and attachment determine, in part, an individual's future in terms of coping mechanisms in stressful situations, and the potential for developing or not developing costly psychological and social disorders, such as post traumatic stress disorder (PTSD) and manic-depression.

In order to understand the effects of either nurture or trauma on the psychological development of a child, it is important to have at least a rudimentary understanding of how the human brain works. An infant is born with 100 billion brain cells, called neurons (Fletcher, 2007). These neurons begin to form connections, or synapses, as the infant processes life experiences. The more stimuli the child experiences, the more synaptic connections occur in the brain. Conversely, a lack of stimuli from a stagnant environment will create a poor synaptic network. There are critical windows of opportunity for developing each area of the brain; many of those windows occur in early childhood (Fletcher, 2007). For example, the critical time for the development of language is between one and three years of age. The more meaningful listening and speaking experiences a child has during this time, the more the neuron connections are made in that area of the brain. Both maltreatment and lack of sensory experience can impede the creation of important neuron structures in the brain during sensitive periods of development, reducing the affected areas functioning capacity for life (Perry et al., 1995).

At an unconscious level, the human brain also has a hard-wired system that ensures survival of the species. Fear is produced in response to a dangerous stimulus, which in turn

leads to a “fight,” “flight,” or “freeze” response (Cozolino, 2002, p. 235). There are two major stress response systems in a human: the Autonomic Nervous System (ANS) and the Hypothalamic-Pituitary-Adrenal (APA) axis (Lazinski et al., 2008). These two systems work together to some degree, but they also have their own specific functions. The ANS is made up of the Sympathetic Nervous System (SNS) and the Parasympathetic Nervous System (PNS) (Nichols, 2009). The PNS prepares the body for rest. It slows a person down so that he or she can relax under normal circumstances. If the hormone cortisol is released into the system due to stress, then respiration and heart rate decrease further, and the body becomes weak, trembles, and may collapse, entering a survival freeze response (Ambrose, 2009). The system is in the hypoarousal state at this extreme. The function of the SNS is opposite; it prepares one for action. An activated SNS releases the hormone adrenaline into the system, which causes an increase in blood pressure and heart rate, dilated pupils, and slowing of the digestive system. This system takes control during times of stress, and makes the brain alert to danger. Depending on circumstances, the brain initiates a flight or fight response, and the system is in a hyperaroused state. The unconscious level of the brain is in control at both the hyperaroused and hypoaroused states, and ensures that the person fights, takes flight, or freezes action, for survival.

The limbic area of the brain is also important in terms of stress responses. This is where the HPA axis is controlled. The limbic area contains the amygdla, orbitofrontal, hypothalamus, hippocampus, and the pituitary gland (Nichols, 2009). The amygdla contains the only form of memory from birth to 18 months. It also alerts a person to danger. The orbitofrontal part of the prefrontal cortex is an important area for recovery from trauma and attachment difficulties. The hippocampus is involved in retrieving past memory. The hypothalamus controls the neuroendocrine system, along with the pituitary and adrenal glands. This is known as the HPA axis. When a stressful event occurs, the amygdla sends neuro-chemical messages to the hypothalamus, which in turn alerts the pituitary via more neuro-chemical messages. The pituitary signals the adrenal glands to release cortisol, a stress hormone, that has a stimulating effect on the PNS. In the short term, cortisol is useful in making the body respond to a stressful stimulus. However, problems result when high levels of this hormone remain in the system for a long period of time due to prolonged stress.

When an infant or child experiences chronic stress, the normal system of stress release and self-regulation do not happen. Some neurotransmitters that are released during times of stress are dopamine, norepinephrin (NE), endogenous opioids, and glucocorticoids (GC). These hormones that have been released by the ANS and the HPA axis remain in the child’s system with damaging results. An increase in NE “reinforces the biological encoding of traumatic memory” (Cozolino, 2002, p. 261). It also increases anxiety, hyperarousal, and irritability. An abundance of dopamine in the system produces hypervigilance, paranoia, and perceptual distortions. In this case, the chronically stressed child views the world as a dangerous and scary place. Social withdrawal and avoidance of new stimuli (which are perceived as dangerous) can result. A prolonged high level of GC in the system can decrease the volume of the hippocampus, thus impacting on memory (Cozolino, 2006). It also has a negative impact on the immune system, resulting in higher rates of physical illness. Another hormone called endogenous opioids, which relieve pain under flight or fight responses, can dull the emotions and lead to dissociative reactions, and even depersonalization, if it remains in the system for too long. Biological well-being is sacrificed for immediate survival. Along with the increase in stress hormones in the system, there is a decrease in the pleasure hormone serotonin. Low levels of serotonin in the body have been linked to aggression, irritability, depression, hyperarousal, and violence. These various neurotransmitters, which under conditions of stress help the individual to survive, can have devastating lifelong, psychological impacts if they are allowed to flood the system for an extended period of time.

The experience of trauma is processed in the brain (Perry et al., 1995). The longer the duration of the traumatic experience, the denser the neuron networking associated with it. Also,

the system becomes more sensitized to the traumatic stimulus, and eventually requires less of the stimulus to produce full-blown hyperarousal or hypoarousal reaction patterns. Later in life, the child's reaction pattern becomes an unconscious trait of automatic over-reacting to "minor" stressors. A child who has developed either of these reaction patterns can move easily from a state of feeling anxious to feeling threatened to feeling terrorized, resulting in maladaptive emotional behaviour (Perry et al., 1995). The brain becomes imprinted with the resulting trauma responses, and the brain can remain that way for life.

Attachment is another evolutionary process designed to promote the survival of species; however, attachment is also important to healthy relationships in humans (Shepiris et al., 2003). Initially, in an infant-primary caregiver situation, attachment is established through physical contact on the part of the caregiver, such as caressing and kissing, and behaviours such as reaching and grasping by the infant. Other cues, such as eye contact and vocal nuances, help in the bonding between infant and primary caregiver. As the child grows, attachment expands to encompass the toddler's anticipation of caregiver actions, and the child adjusts his or her behaviour accordingly. For healthy attachment to occur, it is imperative that the primary caregiver is consistent in displaying love and positive attention to the child. The child, through experiencing nurturing behaviour, develops a sense of security and comfort, as well as a trust that the world is a safe place to be. This positive nurturing allows the young child to explore his or her environment (Webster et al., 2009). As a result, the child develops a normal neural network and is "less vulnerable to long-term, negative effects on his/her neurodevelopment" (Lawson, 2009). Children growing up in violent communities have been shown to be protected from developing aggressive and antisocial behaviour through "good family relations and optimal parenting practices" (Quota et al., 2008, p. 232). Therefore, if a child develops strong attachments to his or her primary caregiver, then he or she will be well wired to develop healthy relationships with other people throughout life.

Along with the need for attachment is the theory of self-regulation and its importance in the human experience with regards to the ability to process traumatic experiences and, hence, to affect emotional development. Self-regulation is related to the hormonal balance within the ANS. Hyperarousal happens when the SNS is over-activated, and hypoarousal results from an over-activated PNS. Self-regulation is described as the ability to keep one's emotional state within a window of tolerance, otherwise known as the optimal arousal zone (Ogden et al., 2006). Within this optimal zone, one's brain is able to process and integrate sensory information, including traumatic memories. When one's emotional state enters hyperarousal in response to trauma-related stimuli, he or she is out of the optimal arousal zone. Hyperarousal results in "too much arousal to process information effectively" (Ogden et al., 2006, p. 26). The hypoaroused individual experiences "intrusive images, affects, and body sensations" (Ogden et al., 2006, p. 26). The hypoaroused state also causes one to depart from the window of tolerance at the opposite end of the continuum. A hypoaroused individual distances him or herself from the experience in an unconscious way and is unable to process the incoming information effectively. He or she feels "a numbing, a sense of deadness or emptiness, passivity, and possibly paralysis" (Ogden et al., 2006, p. 26). The ability to self-regulate, and keep one's emotional state within the optimal zone at least most of the time, will help that individual to deal emotionally with traumatic events, processing and integrating them into his or her system.

An infant does not have the ability to self-regulate. The baby needs a caregiver who will identify with his or her needs as if they were the caregiver's own (Gerhardt, 2004). In other words, the caregiver feels the desire to fulfill the baby's needs immediately. When the caregiver relieves the baby's stress or discomfort, the baby can calm down to a regulated state. If this stress relief is consistently given to the infant as he or she grows, the brain of the developing child gradually produces the neuron network needed to be able to self-regulate. Then, as an adult, that individual will be able to cope with stress in a manageable fashion. However, if the caregiver does not respond to the baby's needs on a consistent basis, the baby does not learn how to monitor and regulate his or her emotional states (Gerhardt, 2004). Instead, the infant

receives the implicit message that no one is interested in his or her feelings or needs, which changes the way that the baby responds to the caregiver. These behaviours develop unconsciously, and pave the way for how that individual relates to people throughout life. An infant learns to self-regulate or not self-regulate through the relationship with his or her primary caregiver.

World conditions such as war can indirectly impact on a young child's emotional health through the child's mother's state of emotional health. The child does not have to have directly experienced the trauma due to war, in order to be affected. From birth, an infant shows interest in stimuli such as faces and voices (Kaitz et al., 2009). Gradually, he or she attains competency in understanding the messages portrayed through social interactions. When these messages are positive, the infant develops a sense of self-trust and a trust in others (Kaitz et al., 2009). In situations wherein the mother has been previously traumatized by war, and is herself emotionally dysfunctional, her capacity to interact with her child is negatively affected. The child is then unable to attain a regulated state from his or her unregulated mother, and may stay in a stressed state for a prolonged period of time. A child who has not personally endured the trauma of war can be negatively emotionally affected by it through his or her mother.

Traumatic events in infancy and early childhood can result in self-regulation dysfunction to varying degrees. The effect of trauma depends on an individual's perception and internalization of the traumatic event, as well as his or her ability to self-regulate. Trauma is defined as "anything that overwhelms the organism, physically, emotionally, and mentally" (Ambrose, 2009, slide 132). It is an individual's reaction to the event that determines whether it was traumatic or not. An individual is traumatized if he or she feels overwhelmed by a situation perceived as threatening, feels completely helpless, and is unable to process psychological and physical reactions (Nichols, 2009). The trauma is experienced by the entire human organism and is entrenched in the nervous system. The intensity of the impact of the trauma on an individual depends on the "length and intensity of the trauma, past traumas, and genetic programming" (Nichols, 2009, slide 36). Trauma produces a dysregulation in the nervous and affective systems of the body, hindering the brain from processing the body's reaction to the stimulus. If a person is not able to self-regulate, then the psychosomatic effects of a trauma can remain in the mind, brain, and body for the rest of that person's life, continuing to produce dysregulation in the system (Ambrose, 2009). However, if a person has learned to self-regulate in early childhood, then he or she will be better able to process and integrate the effects of each trauma. The inability of a child to self-regulate has a negative effect on his or her entire system.

A small child's lack of secure attachment to his or her mother or primary caregiver is equally as damaging as the inability to self-regulate, and can lead to future emotional and social problems for the child. To an infant or small child, trauma can include experiencing neglect or abuse from his or her primary caregiver. A child who is neglected or physically abused is not as likely to develop a secure attachment with his or her caregiver (Ambrose, 2009). A secure attachment means that a child has a clear preference for his or her caregiver, and seeks and is comforted by the caregiver. In response to the child, the caregiver acts in a caring and consistent way to meet the child's needs. There are three types of attachment disorders: avoidant, ambivalent/resistant, and disorganized. Around 35% of children are divided between these insecure classifications ("Attachment Theory," 2009, para. 22). In avoidant attachment, the young child typically shows little emotion towards his or her caregiver. This behaviour is in response to the caregiver seldom meeting the needs of the child when under distress. Also, the caregiver tends to discourage crying, and expects the child to soothe him or herself ("Attachment Theory," 2009). When a caregiver inconsistently demonstrates both neglectful and appropriate responses toward the child, the child develops ambivalent/resistant attachment. The child will seek contact with his or her caregiver, then "resist angrily when it is received" ("Attachment Theory," 2009, Table). The pattern of a disorganized attached child is one of contradictory behaviour. The child looks toward the caregiver to meet his or her needs, but at the same time is apprehensive and fearful. In this case, the caregiver is the source of trauma for

the child (Nichols, 2009). All future neuron networking is set against this early life brain structuring (Cozolino, 2002). The disorganized attached child is usually unable to use his or her caregiver as a secure base (Cornell & Hamrin, 2008). Dysfunctional emotional and social behaviours result from disorganized attachment. If no intervention is given, these patterns of behaviour, and relating to others, stay with that individual into later childhood and adulthood (Lawson, 2009). Poor attachment of a small child to his or her primary caregiver may be at the root of that child's behaviour problems throughout life. Knowledge of how the brain works, and the impact of early childhood trauma on the brain, would be beneficial to school psychologists and school counsellors, in order to assess the extent that early childhood trauma has affected children's presenting behaviours. This information could then be helpful in developing effective treatment programs for individual children.

Manic-depression has its roots of insecure attachment in toddlerhood (Gerhardt, 2004). For example, Ron (a pseudonym) was both neglected and abused as a young child and developed manic-depression in adulthood. Initially, when Ron was an infant and young child, his mother was emotionally distant. She suffered from depression and had emotional instability most of her life. When Ron was six years old, his mother married. His stepfather was both verbally and physically abusive to him. Ron was forced to live and eat in the basement, not with the rest of the family, and he was continually given beatings. From about the age of eight on, his stepfather would literally kick Ron out of the house to fend for himself. He often slept at a nearby community center. Somehow, he managed to function in a socially acceptable manner, in terms of relationships with peers, throughout his teens and early adult life. Problems began to surface for Ron during the summer following the birth of his first child. He had a moderate manic episode during that summer. This manic state, which quickly turned to a moderate depression in the fall, continued through the winter. The next spring, his second child was born. This event brought on a severe manic state for about five months, followed by an equally severe depression that lasted for months as well. It was during this last depression that Ron was diagnosed with manic-depression. Ron has been plagued with manic-depression for the past 35 years. His wife was unwilling to cope with the countless social, emotional, and financial difficulties that resulted from Ron's manic episodes, and she left with their children. Ron was also unable to function as a parent most of the time. Since he usually chose not to take the necessary medication to control the illness, Ron's resulting manic behaviours landed him either in jail or on a psychiatric ward on many occasions. Ron certainly had a difficult and traumatic childhood, with devastating emotional and social consequences throughout his adult life.

Another psychological disorder that has a link to early childhood trauma is post traumatic stress disorder (PTSD) (Cozolino, 2002). Core neuron networks are under construction in early life, and traumatic events compromise these connections. PTSD is most common in children who have been abused or neglected (Becker-Weidman & Hughes, 2008). The effects are most devastating if the perpetrator of the trauma is the primary caregiver (Cozolino, 2002). The child is deprived of the nurturing, self-regulating, interactions at the same time as he or she is traumatized by the caretaker. PTSD is a result of unresolved and un-integrated, prolonged traumatic experiences in early childhood. Someone suffering from PTSD is continually re-traumatized by the memory of specific traumatic events. This continual loop of self-traumatization "can devastate every aspect of the victim's life" (Cozolino, 2002, p. 265). There is also a link between the prolonged release of the glucocorticoids (GC) hormone due to stress, and a smaller hippocampus. One study showed that adults who developed PTSD after combat, and who also had a history of childhood abuse, were found to have had a smaller than normal hippocampus (Cozolino, 2002). As noted earlier, increased levels of GC in a young child's system can damage the hippocampus. Effects of prolonged trauma during childhood can lead to PTSD in later life.

The costs incurred by society as a result of infant and childhood trauma are both human and monetary. The traumatized child pays the price throughout his or her life in terms of quality of emotional and relational health, as well as quality of life in general. Ron, for instance, has

been unable to function as a normal, productive member of society throughout most of his adult life, requiring societal care on many occasions. Children who suffer from abuse or neglect may need long-term care. Problems such as shaken baby syndrome, impaired brain development, poor physical health, poor mental and emotional health, cognitive difficulties, juvenile delinquency, other difficulties during adolescence, and adult criminality require that the child receives help from society ("Long-Term Consequences," 2008). To care for special needs children with severe attachment problems, residential treatment programs can exceed $100,000 annually per child (Shepiris et al., 2003). It has been conservatively estimated that in excess of 4,000,000 children in the United States are exposed to a traumatic event in any recent year (Perry et al., 1995). At least half of those children are at risk of developing serious emotional, behavioural, and social problems that will require an intervention. The costs to the traumatized children, and to society in general, are varied and huge.

Many factors in a child's early life affect his or her ability to develop healthily, both psychologically and socially. An understanding of how the brain develops in early childhood and of the impact of prolonged stress and trauma on that development is vital knowledge for every caregiver. With this information, school psychologists and school counsellors would more fully understand the children that they work with and would be better rpepared to meet the children's needs. The mother or primary caregiver's ability to nurture and bond with the infant is the most critical factor. A securely attached child will learn to self-regulate from the caregiver, and will have developed the neuron networking necessary to cope with most stressors that he or she will have to deal with throughout life. Both a secure attachment and the ability to self-regulate protect the child from the various stress hormones that cause damage to the brain. This protection also reduces the risk of the child's developing PTSD later in life. On the other hand, when the caregiver is ill-equipped, or unable to attach to the infant, the baby will develop attachment problems due to stress or trauma. Depending on the nature of the neglect or abuse caused by the caregiver, and the duration of the maltreatment, a variety of difficulties will challenge the child throughout life. Many of these neglected or abused children will likely experience some form of emotional and/or social dysfunction, and may need ongoing care and treatment. The costs attributed to maltreatment of young children, in terms of human suffering and in terms of costs to society, are too high. The quality of a person's life depends on his or her emotional and social well-being. Adequate nurturing and bonding from the primary caregiver toward the infant is paramount to the child's future health and happiness.

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Examining Expressive Art Therapies

Lisa Bridges

Abstract

Expressive Art Therapy is an unconventional therapeutic technique that can help individuals to heal emotionally. Music, art, and creative writing can help clients to re-align their emotions and bring forth healing within themselves. Music brings people together and may evoke different emotions in each person. Art represents the thoughts, feelings, and emotions of all people by using imagery rather than words. Finally, creative writing lets intrusive thoughts out of the mind and releases them onto paper. When clients reconnect their heads and their hearts, positive emotional changes can begin in their lives.

In a world full of hopelessness, darkness, and despair, many people are falling victim to a great disconnect between their heads and their hearts. They are concerned with making ends meet, rather than minds. They struggle from paycheque to paycheque with little time to find themselves, little time for family, and little time to de-pressurize. Adults carry around hurt, frustrations, and deep pain, often stemming from childhood, without any way to release it. Their paths continue along a dark, lonely road, and they see no way off the path into a more peaceful and meaningful way of life. Between running from activity to activity with their children and working all hours just to pay the bills, adults have become tired and even exhausted. At their breaking points, some individuals will seek counselling to try to make sense of and manage these issues. One therapeutic method is expressive therapy, or art from the heart. Expressive therapy can include all forms of artistic works from music, to drawing and painting, to writing about emotional experiences.

Expressive therapy is a unconventional form of therapy and, therefore, is not as commonly used as some traditional methods. Expressive therapy is a humanistic approach (Seiser & Wastell, 2002), centering people as experts on their own lives (Morgan, 2007). As with any therapeutic method, the "client's readiness for change has significant impact on success" (Gold et al., 2007, p. 584). Expressive therapy assumes that people have positive characteristics, even in times of need, such as skills, beliefs, values, and abilities (Morgan, 2007). This method incorporates a variety of alternatives for clients to express their feelings in addition to talking to the clinician.

Music

Music has power. It has existed from the beginning of time, growing and changing throughout history. From the moment a human is conceived, he or she begins life and movement following the most beautiful musical interlude – the mother's heartbeat. This constant rhythm becomes comfort for the baby as he or she grows and develops in a safe environment. Music is all around and within each person, and each person responds to the emotional tone of music in his or her own way. Music influences our feelings about ourselves and about others, and "makes us feel stronger, gives us more endurance, and enhances coordination" (Batt-Rawden & DeNora, 2005, p. 291). Music can create a more relaxed mood and can help reduce stress, or it can change a mood in an instant to a feeling of being scared. Music can be used without formal music knowledge or experience, and is a non-evasive and painless technique (Cheek et al., 2003; Batt-Rawden & DeNora). Music has been valued throughout time and across all cultures and, with the aid of technology, can be accessed any time, any place, anywhere. It has the power to cross generations and bring people together.

One benefit of music therapy is that music can be a form of communication that is expressive and nonverbal, allowing people to "express feelings that may not be definable by

words" (Cheek et al., 2003, p. 206). Through an individual's reaction to the music, he or she is taught different methods to explore feelings that have been either overlooked or cut off for whatever reason. Music encompasses our whole body, so feelings that have been blocked or forgotten may be aroused and the ability to deal with these feelings becomes possible. Because music can influence an individual's mindset, it can help to make a client feel more comfortable in a therapeutic situation and create an atmosphere wherein the client may be willing to disclose issues more readily.

A second benefit of music therapy is the results that it has on the social interactions of the client. Often, clients coming to therapy have difficulties building and sustaining relationships, low self-esteem and self-confidence, and problems with social behaviour. Music therapy allows these clients to "reconfigure the body/mind in ways that distances it from the physical trapping" (Batt-Rawden & DeNora, 2005, p. 292). Through music therapy in a group setting, clients have reduced feelings of isolation, and are able to connect with colleagues through social bonding, increased coping skills, and opportunities to express negative emotions through nonverbal behaviours (Gold et al., 2007). Clients can build upon their relationships during therapy sessions and use these skills in their daily lives.

Another benefit of music therapy is the self-care that can be learned through this expressive technique. Self-care in this context includes, but is not limited to, the choices that a person makes to enhance or improve his or her emotional health. Tuning into psychological needs and allowing oneself to express emotions and feelings will result in healthy self-care. Schools and homes have created environments wherein creativity has become very limited and even squelched. Less and less time is spent in self-expression through the eyes of the heart. Individual characters are influenced by words, which are not always positive, and by actions of rejection at times. Clients can learn positive ways to express their emotions and learn better tools to deal with everyday negativity that may enter into their lives.

To assist clients in reconnecting with themselves, various techniques are used within the music therapy practice. Music techniques can be used to help process emotions and experiences by listening to the sounds and the words of relevant pieces, with the goal of working to gain an understanding of these emotions. Some therapists include improvisation of music, which is either sung or played on an instrument. The clients are free to make the sounds that they are feeling and to experiment with a variety of sounds to express emotions. Sometimes, the client will work with a partner and improvise a song or sound. Other times, a client will listen to recorded songs and work on emotions that emerge through the music.

Music pieces can be chosen to reflect attainable self-images and those that seem do-able for the clients. Selections can be chosen to set a mood or to re-create an event that needs to be addressed. Music therapy can be seen as "the catalyst for self-help and self-extension" (Batt-Rawden & DeNora, 2005, p. 300). The clients learn that different music styles can be used at any time to understand a feeling or emotion, and they learn to recognize these emotions and reconnect with themselves before the emotions become problematic. Batt-Rawden and DeNora (2005) explained,

> The fact that music is both a symbolic medium and a physical medium, like the body, with pulse, rhythm, and degrees of tension (such as pitch), is a bonus, since music, unlike literature or plastic arts, may speak directly to and so entrain bodily processes. (p. 299)

Thus, through the engagement of music, our bodies, inside and out, can be brought together and aligned once emotions have been released and healed.

Art

In addition to music, art, through drawing, painting and colouring, can aid in healing. The healing process through art "involves the cultivation and release of the creative spirit" (McNiff, 2004, p. 5). Ganim and Fox (1999) reported that "within all of us is a silent language that reveals

the truth of our thoughts, feelings and emotions far more fluently than words. That language is imagery" (p. 1). Ganim and Fox noted the importance of using art to "reduce stress, release anger, resolve conflicts, get in touch with feelings, and give a voice to your soul" (cover). This technique involves first setting an intention for the activity, which is a guide to let the body know that there is a purpose going on. A focus is placed on "body-centered awareness" (Ganim & Fox, p. 25) because the client is instructed to take a few deep breaths and envision breathing in light and exhaling colour. Then the mind is drawn to an area of the body that senses hurt or pain or joy or any other emotion. The feeling or sensation then becomes transformed into an image in the mind, and the final step of the technique is to draw the image. The drawing, painting or colouring can be something recognizable or can be abstract, whatever the heart is seeing.

After the image is completed, it can then be processed. The clinician guides the client through eight questions to gain an understanding of the image. The clinician asks how the drawing makes the client feel, what the drawing tells the client about how he or she feels emotionally, how the colours make the client feel, if there is anything disturbing about the image, what the client likes best about the image, what he or she has learned from the drawing about his or her feelings, whether the emotions are related to a particular current issue or concern, and, finally, whether knowing what the client feels about the issue helps him or her to deal with it (Ganim & Fox, 1999). Through answering these questions, the client is able to create a visual perspective on certain issues or concerns that he or she may not have had the right words to express or explain, or even been aware of, and to process the feelings that are attached to it.

Creative Writing

An alternative technique within the expressive therapy method is creative writing. Hunt (2003) found that a focus on experience through expressive writing is beneficial for many clients. Hunt demonstrated a decrease in relapse and recurrence of depression by reducing the impact of negative intrusive thoughts when clients were involved with creative writing. Creating an understanding of an individual's identity can be attained through writing of a story, a poem, a document, a certificate, or handbook. As a story unfolds, the writer seeks to make events meaningful. In order to make this connection, the writer must engage with the text and release emotions. Having a written document visual for referral leads to further exploration of alternative stories and allows the client to build upon and follow what has been written down. Although there may be hesitation upon beginning to write, the clinician can be helpful to the client in finding words that start the story flowing.

Conclusion

These expressive therapy methods have been proven to help individuals to reconnect within themselves. Lusebrink (2004) explained that through the art therapy process, the visual expression of the client is revealed by means of varying levels of complexity. The client may begin to express an emotion or situation one way, but a deeper, hidden emotion may be revealed by listening to his or her heart. The client is taught how to keep the focus of this therapeutic process in the right-side of the brain, the hemisphere that processes visual-spatial information, visual imagery, and visual memory. The client learns to turn down the left-brain analytical and sequential functions, and turn up the right-brain visual-spatial and expressive functions. Artistic activities involve "different motor, somatosensory, visual, emotional, and cognitive aspects of information processing" (Lusebrink, p. 125). Often, these are the processing aspects that have been denied throughout an individual's life because of societal beliefs and values.

One therapist in Canada, Marie-Jose Dhaese (2001-2008), treats people with symptoms such as anxiety, depression, fears, and sleeping problems. Her approach takes into consideration the physical, emotional, cognitive, and spiritual needs of the client. By carefully

choosing a variety of media for the clients, she helps to “bring into the open the behaviours and blocked feelings that have interfered with healthy emotional growth” (Dhaese). Her clients are helped to deal with past experiences and are taught positive coping skills, which they can then apply to their everyday lives.

Expressive therapy, or art from the heart, is limited in its frequency of use because of its “touchy-feely” nature. However, certain individuals will benefit from its various techniques more than they will from traditional therapeutic techniques. As the journey of life becomes more complicated and more people find themselves struggling with relationships, finances and jobs, people may be more willing to turn to expressive therapy in order to heal from the events of the past and grow within a rewarding and fulfilling life. The particular technique is not as important as the bigger picture of “doing what works” to release the emotional baggage that is carried from day to day. Once this burden is released, the world changes through the connection that the individual has created within himself or herself. In actuality, the limitations of art from the heart can be expunged through a drive to understand oneself and a desire to reconnect the mind with the body.

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Experiential Instruction: Fostering Language and Literacy in English Language Learners

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Abstract

This article targets a teaching dilemma found in today's schools, which is the challenge for teachers in our multicultural classrooms to provide appropriate, targeted instruction for the English Language Learner (ELL), most specifically, in the two critical areas of oral language and literacy. The concepts of experiential instruction in this essay target the early years classroom. Experiential instruction engages students orally, cognitively, and physically by drawing upon their whole sensory system within familiar contexts. Students see themselves as communicators, thinkers, and doers as their culture, language and interests are honoured and accepted as starting points to language and literacy learning.

The challenge for teachers in our culturally diverse schools is not the growing number of English Language Learning students in classrooms, but the challenge to provide the appropriate, targeted instruction for the English Language Learner (ELL), which fosters oral language and literacy (Hadaway & Young, 2010; Xu & Drame, 2008). Students' first encounters with language and literacy in schools are critical to their success as learners. Early years classroom and Reading Recovery teachers can provide experiential instruction that guides the ELL to become active in their own acquisition of language and literacy. Active learners become orally, cognitively, and physically engaged when involved in stimulating learning experiences. Experiential instruction involves providing learning opportunities that build on the familiar and engage the whole student's sensory system. Sensory stimulations, within familiar contexts, engages all parts of the brain in the thinking process, which results in powerful learning (Clay, 2005b; Herrell & Jordan, 2008; Lyons, 2003). ELLs, in particular, become communicators, thinkers, and doers (Pinnell & Fountas, 2009) when teachers provide specific, meaningful, sensory learning opportunities to develop oral language and literacy.

Student Communicators

Experiential instruction begins with honouring culture and engaging in interactions that value the resources that ELLs bring to the classroom. Traditional practices of repetitive vocabulary drill, a right-way philosophy, and strict grammar teaching have given way to new instructional practices (Jones, 2011). The interactions that foster student communication are now more in line with the kinds of interactions that nurturing families would engage in at home. Communication between family members is free flowing and comfortable (Clay, 1998). Good teachers create a family of learners by honouring culture, accepting all modes of communication, and providing interactive learning experiences that transition students to begin using English oral expression in confident ways.

Honouring Culture

The "one size fits all" mode of instruction (Hadaway & Young, 2010, p. 28) is often used in classrooms as teachers frantically search for the most effective program for teaching English learners. The most effective program is one wherein teachers make personal connections with students, talking with them and taking time getting to know their culture, language, and interests. Frequent "culture days," whereby students are encouraged to bring something from their culture to share with others, are simple ways of letting students know that they are valued,

contributing members of their learning community. Personal connections are one of the hallmarks of Reading Recovery, which begins at the onset of each child's lesson series. This one-to-one teacher-student interaction capitalizes on shared personal experiences that generate conversations from the students' interests and culture (Van Dyke, 2006; Thompson, 2008; Williams & Haag, 2009). When possible, in both the classroom and Reading Recovery settings, having books such as *The Day of Ahmed's Secret* by Florence Parry and *The Eagle Drum* by Lorraine Adams respects and connects the home and school cultures. Students feel a sense of familiarity and belonging when labels in their languages are displayed around the classroom. Honouring culture, one student at a time, through personal connections and shared experiences is a "best practice" approach for meeting the individual instructional needs of ELLs.

Accepting All Modes of Communication

Teachers are often focused on the use of words as the only mode of communication with students, forgetting that there are other modes that ELLs in particular may use for communication. ELLs often bring with them many "non-verbal abilities" (Williams & Haag, 2009, p. 160), which are used for communication. A sensitive, observant teacher responds positively and builds upon physical gestures, in order to develop English oral language and literacy (Clay, 2005a).

The acquisition of language begins with listening, which builds receptive language. The ELL acquires receptive language best in a non stressful environment, "where they are not forced to speak until they are ready" (Herrell & Jordan, 2008, p. 69). During this time of early exposure to English, especially in early years classrooms and Reading Recovery "Lessons in the Known" (A. Matczuk, Reading Recovery Trainer, personal communication, June 24, 2010), signs can be helpful. All students, including ELLs, can have fun and build relationships using signs to begin communicating with each other. In its simplest form, "thumbs up and thumbs down" can be taught as a whole class, non-stressful way of responding. Red (I don't understand), yellow (I'm confused), and green (I understand) signposts can be used to acknowledge comprehension in many situations. American Sign Language is being used in early years classrooms with second language learners to support language and literacy learning. Research is indicating that ASL improves students' brain processing systems, builds confidence, and provides tools for mediation and meeting personal, daily needs (Simpson & Lynch, 2007). Acknowledging and building on a shrug of the shoulders, a wave of the hand, and a nod of the head honours the ELL's attempts to communicate. Students' nonverbal abilities that are acknowledged and encouraged facilitate a non-stressful transition to oral expression.

Interactive Transitioning to Oral Expression

In schools, ELLs gradually become literate in English by following much the same path as preschoolers do when gaining control over language and literacy. This path is often referred to as "emergent literacy" (Sulzby & Teale, 2003). Emergent literacy occurs, as students new to the English language are guided by knowing individuals through interactive experiences, which fosters confidence in trying out some of the new language. Some teaching approaches for transitioning students to using expressive language are the following: "simulation (role play), trips, hands-on objects (realia) or exhibits, demonstrations and/or modelling, visual images (pictures, photographs, and videos), recordings, audio productions, or verbal symbols" (Neal, 2009, p. 93). These approaches, consistent with experiential instruction, engage the students' senses, extend their personal experiences, and provide opportunities for language production and concept development. These approaches are called "language experience" (Herrell & Jordan, 2008 p. 213), whereby students are actively responding to real experiences through "scripted and modeled talk" (Herrell & Jordan, 2008, pp. 161). In these aforementioned

approaches, the teacher actively interacts with students in very direct ways to guide them with ease in the use of the English language.

In the classroom, as well as Reading Recovery Lessons in the Known, teachers combine language experience with the art of storytelling. Wordless picture books, such as *Four Hungry Kittens* by Emily Arnold McCully and *Do You Want to be my Friend?* by Eric Carle are but a few texts that support emergent literacy for the ELL. These picture-only books provide freedom for learners to construct their own meaning without the distraction of unknown print (Hu & Commeyras, 2008). As emergent storytellers, ELLs begin to build control over language, understand more complexities about stories, and develop a sense of story, which fosters experiences beneficial for transitioning to reading and writing (Clay, 1998; Dockrell, Stuart, & King, 2010). The use of repetitive books, poems, action songs, and chants, which begin to familiarize students with book language, vocabulary, and language structures, are part of effective transition to print. Expository and concept books, such as *Big Things* by Beverly Randall and *Time for Dinner* by Jenny Giles, provide clear images, often photographs, which portray familiar experiences with English language labels (Garibaldi, 2003; Guccione, 2011). Combining reading and talking about expository and concept texts with hands-on experiences and real-life items is powerful in facilitating oral language (Carlson, 1996). Frequent teacher-student interactions, involving conversations around carefully chosen texts and hands-on experiences, give students the tools to transition comfortably into using spoken English.

Student Thinkers

Experiential instruction builds on students' strengths and what they know, which fosters new learning. Drawing on students' current understandings, in order to construct new competencies in language and literacy, is a complex process (Clay, 2001). Much active learning takes place during this process, which moves students from what they know to new understandings. Active learning that leads students to become proficient communicators, readers, and writers utilizes the following strategies: "solving words, monitoring and correcting, searching for and using information, summarizing, maintaining fluency, adjusting, making connections, synthesizing, inferring, analyzing, and critiquing" (Pinnell and Fountas, 2009, p. 18). Active learning for the ELL begins with time spent building confidence, flexibility, and speed with what is already known and making connections to what is new.

Building the Known

Key to becoming literate in any language is developing fast and fluent thinking processes. The process that leads to independent proficiency in language and literacy depends upon students building up known information in automatic ways; consequently, the brain is free to concentrate on new aspects of learning (Clay, 2005a; Pinnell & Fountas, 2009). Experiential instruction is used in classrooms and Reading Recovery lessons, in order to build fast, automatic responses that prepare the brain for new knowledge acquisition.

In classrooms, students reread familiar texts (Herrell & Jordan, 2008; Routman, 2008), building up automatic recognition of word features that are then recognized in new contexts. This work of literacy automaticity is undertaken in the reading and writing of entire texts. In the Reading Recovery lessons, specific procedures of rapid naming (Clay 2005a) may be used with individual students, if needed, in order to foster fast and fluent processing of the known. Rapid naming involves recalling the names of familiar objects, letters, and words according to various attributes, such as colour, type, number, size, same, and different. Rapid knowing is then quickly transferred to the reading and writing of texts. Fast and fluent processing is maintained within the reading and writing of whole texts, in order to foster the essential meaning-making function of language and literacy. As well, the reading of large numbers of appropriate texts is critical for all readers, but especially ELLs, as the continuous exposure to vocabulary and other

features of print builds speed and efficiency in developing language and literacy processing systems (Herrell & Jordan, 2008; Stanovich, 1986; Clay, 2005b).

Making Connections

Within experiential instruction, instructional approaches emphasize accessing all parts of the brain through stimulating, interactive learning experiences. Teachers "guide students' language and experience to create a community of thinkers and inquirers who seek and share knowledge" (Guccione, 2011, p. 568). Language and experience do not occur in isolation, but are connected through explicit and guided instruction.

Explicit Instruction. In both classroom and Reading Recovery settings, teachers connect students' thinking in thematic and explicit ways. Texts are chosen carefully for their engaging themes, interesting information, enticing characters, nail-biting plots, and intriguing illustrations, all of which transfer in inferential ways to other texts (Pinnell & Fountas, 2009). For the ELL, the familiarity that occurs between books with similar themes and consistent characters supports enjoyment and comprehension of reading. Explicit instruction is employed even further, as teachers use clear and concise language, and engage in "think alouds" (Guccione, 2011, p. 570) and "talk plans" (Meyers, 1993, p. 37) that model language for students, in order to make connections between texts, between the texts and the students, and between texts and the world.

Guided Instruction. Exposure to academic language and literacy experiences is most effective when teachers engage the students' thinking processes through guided instruction. Such approaches include giving students wait time before responding (Clay, 2004), using "I think" statements in reading and writing discussions (Guccione, 2011, p. 573), creating mind pictures to access comprehension (Herrell & Jordan, 2008), and assisting students through an "optimal learning model" (Routman, 2005, p. 11) of "I do, we do, you do" (Giles & Tunks, 2009, p. 28). In all of these approaches, teachers are mindful of where students are in their learning, and where they need to go next. Expert teachers guiding students toward independent learning follow a three-step process: "assistance by more capable others, transition from other assistance to self-assistance, and assistance provided by self" (Lyons, 2003, p. 50). ELLs, in particular, require thoughtful teachers to provide the necessary guided instruction in the right place, at the right time, and with high expectations, in order for students to become active in their own language and literacy learning.

Student Doers

The stimulation of a student's sensory system is most obvious when put into the context of physical action. Language and literacy involving physical responses include the following experiential, instructional approaches: drama, role playing, action songs, poems and chants, skits, reenactments, and mime. All of these approaches, which involve muscle movement, are powerful ways for students to develop and demonstrate "alternate ways of knowing" (Williams & Haag, 2009, p. 167). Language and literacy learning centered on vocabulary and comprehension development can be maximized by connecting muscle groups with oral expression. In early years classrooms, ELLs are particularly engaged, motivated, and joyfully included when playing such language games as "Simon Says," "Stand up-Sit down," and "I Spy." In Reading Recovery's Lessons in the Known, teachers and students "create ingenious innovations" (Clay, 2005a, p. 33), which include movement, drama, and mime to engage students in early language and literacy learning.

Defining a student as a doer means not just body movements, but also fast brain processing as students engage in talking, reading and writing. This rapid brain function "refers

to many electrical impulses racing around the brain looking for a best-fit solution" (Clay, 2005b, p. 103). ELLs may find it challenging to engage in fast thinking processes necessary for active learning. The stress of being placed in a totally unfamiliar environment can inhibit the brain from active engagement. The Reading Recovery teacher, having the benefit of one-to-one instruction, uses culture, language, and interests to activate the students' thinking processes in stress-free, fast, and fluent ways. Student-action, photo books can be created during Lessons in the Known. Students are photographed in many action poses. These photographs, along with English labels, are made into a personalized book for students to talk about, act out, read, and share with others. ELLs become student doers when body and brain are actively engaged in language and literacy experiences.

Conclusion

As ELLs first enter their new classrooms, they should find that their teachers are ready. Teachers are ready when using appropriate, targeted, experiential instruction that honours students' culture, language and interests. Teachers struggle to provide appropriate instruction for ELLs. It is not "simply a matter of pedaling harder along the same path" (Askew, 2009, p. 109), but several different paths are needed for effective teaching. Communicating in personal and accepting ways, working from the known, engaging sensory systems and whole-body movements, and building connected experiences are different paths that engage ELLs in active language and literacy learning. ELLs transition to English language and literacy proficiency when they see themselves as communicators, thinkers, and doers.

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Social Skills Training:
Is It Essential for Students with Learning Disabilities?

Lindsay Boulanger

Abstract

In our inclusive schools, teachers work with many children who have learning differences such as attention-deficit hyperactivity disorder (ADHD) and learning disabilities. For most children with special learning needs such as these, educators focus on helping them to achieve academic skills. However, educators are finding that delays in social skills negatively affect students' abilities to reach their academic potential. Social skills training should have equal priority with academics, because without suitable social relationships, children cannot focus on the educational goals designed for them.

In today's inclusive educational system, teachers work with increasing numbers of children who have unique learning needs. Although teachers may teach only a few children with a specific, low-incidence disability, such as cerebral palsy or Down syndrome, they will probably work with many students who have learning differences such as attention-deficit hyperactivity disorder (ADHD) and various learning disabilities. For most children with high-incidence disorders such as ADHD and learning disabilities, the focus is on determining their learning needs and finding appropriate teaching methods. Academics seem to be the top priority in most cases. However, these children also have major issues with social skills and behaviour, and these issues negatively affect their ability to reach their academic potential. As a result, researchers wonder whether social skills training should be essential components of education plans for students with learning disabilities.

Theoretical Background

A primary need of all humans is to be liked and accepted by other human beings (Lavoie, 2005; Mather & Goldstein, 2001). Numerous human development models, such as Maslow's Hierarchy of Human Needs (as cited in Manitoba Education, Citizenship and Youth, 2009), suggest that in order for children to meet needs such as self-actualization, their needs such as hunger, safety and belonging, must first be met. Based on these premises, it makes sense to believe that most social skills errors are unintentional (Lavoie, 2005). One wonders why children would act in a way that would deliberately cause others to dislike or reject them. For students to attain success in academic areas, they must first succeed in social-emotional areas.

A Review of Learning Disabilities Research

In the early 1970s, researchers began to analyze the social-emotional component of learning disabilities (Kavale & Mostert, 2004). Since social skills deficits can adversely affect the students' social domain as well as their academic competence, researchers became more concerned about the effects of these deficits on children's overall development (Maag, 2005). Investigating social skills deficits became even more of an issue when studies determined that a significantly higher proportion of children with learning disabilities exhibit social skills deficits, as compared to their non-learning disabled peers (Bauminger et al., 2005; Gadeyne et al., 2004). Social skills intervention programs were seen as necessary to help students develop the skills needed to ensure academic and vocational success, as well as long-term social acceptance and participation (Gumpel, 2007; Miranda et al., 2008). However, in many cases, teaching these

social skills seems to be last on the list of educational goals (Lopes, 2005). Students are not receiving adequate social skills training to be successful in this area of their development.

Different learning disabilities can affect different aspects of a student's learning: reading and language, math and spatial reasoning, and memory and organizational abilities (Kemp et al., 2009). They can also affect a variety of social abilities: social competence, social cognition, social behaviour, peer status, self-concept, interpersonal skills, social adjustment, anxiety, and communication (Bauminger et al., 2005; Kemp et al., 2009; Miranda et al., 2008). The cognitive and social effects vary by individual and by learning disability. Students diagnosed as having learning disabilities later in their school career tend to have increased social, emotional and behavioural problems (Lopes, 2005; Mather & Goldstein, 2001). There seems to be no one correct way to help support children in learning positive social skills. Students require programs that take into consideration the individual effects of their learning disabilities.

While many children with learning disabilities do not receive an official diagnosis until later in their school years, their inadequate social skills can often be identified in their first years of formal education (Kalyva & Agaliotis, 2009). These children miss their peers' social cues and they may not use appropriate actions when initiating social contacts. Their abilities to cooperate with peers, establish positive relationships, and maintain peer relationships are significantly lower than those of their typically developing peers. Because early years teachers spend many hours teaching and reinforcing basic social rules, many children with learning disabilities may be working on these skills throughout their day, without any specific programming. However, their learning disabilities may hamper their ability to understand and use these social skills appropriately (Gumpel, 2007). As well, middle years teachers tend to reduce the time that they spend reinforcing social skills, and children who do not easily acquire these skills may be left floundering. It is important for teachers to initiate social skills programs as soon as they notice that children are not interacting with their peers in a typical way, as the problems may become so serious that they are difficult to rectify (Lopes, 2005). Moreover, these social skills training programs may need to continue well into the students' adolescent years because they must learn new social skills rules and competencies as they mature.

A Review of Social Skills Intervention Programs

Social skills impairments are more noticeable at school than at home because children interact with more children and adults at school than in their home environment. Consequently, schools generally take on the primary responsibility of implementing social skills training programs (Kavale & Mostert, 2004). At school, students with learning disabilities are surrounded by their peers and by trained educators who can teach social skills properly. Social skills teaching can also be implemented with their academic programming, in order to increase the amount of time spent on social skills instruction.

Various programs are available to provide social skills training for children with learning disabilities who are experiencing social problems. Some programs focus more on the speech and language component of social skills acquisition, while others focus more on nonverbal skills such as reading facial expressions and social cues (Bauminger et al., 2005). Some programs work with a number of students at the same time, while others have an adult working one to one with the child who needs extra support (Kavale & Mostert, 2004). A number of practices, such as social stories that are commonly used with children with autism spectrum disorder, are now being used with children with learning disabilities (Kalyva & Agaliotis, 2009). Intervention programs may focus on teaching new social skills that replace specific, inadequate behaviours (Lavoie, 2005). Therefore, instead of teaching just new social strategies, educators must also teach which strategies are not successful, so that the children no longer use them (Maag, 2005). In order for social skills intervention programs to be successful, they must focus on the students' individual needs, which can vary greatly with specific learning disabilities and other

personal differences (Maag, 2005). There is no “one size fits all” program for teaching social skills.

A major focus of current research is to determine which social skills intervention programs are most successful in meeting students’ social-emotional needs. A concern for many researchers is the lack of success that prior social skills training programs have had. Despite initial social skills gains, certain intervention programs are inadequate because children do not maintain the skills over the long term (Maag, 2005). The potential reasons for this lack of success could be the training programs themselves, the intensity of the programs, the assessment devices used to measure effectiveness, and the conceptual design of the programs (Kavale & Mostert, 2004). There also needs to be more coordination between academic remediation and social skills training programs (Maag, 2005). Social skills programs require time and attention to be successful. We must not discard them in an attempt to find more time for specific academic pursuits.

Social Skills Training Is an Essential Component

Based on the research surrounding social skills deficits and students with learning disabilities, it seems clear that social skills training programs are essential components of comprehensive education programs (Maag, 2005). These programs must be developed to meet not only the students’ academic needs, but their social-emotional needs as well. Because certain learning disabilities are not detected until later in a child’s school years these programs should be put into place as soon as social skills deficits are noticed (Lopes, 2005), whether the children are diagnosed with a learning disability or not. Successful intervention programs should be developed to meet children’s specific learning and social needs, and be implemented in a consistent, ongoing manner (Kalyva & Agaliotis, 2009). This instruction may take a number of years, at varying levels of intensity, depending on the students’ current social needs. Effective programs should also include varying degrees of practice, immediate feedback, instruction, and positive reinforcement (Lavoie, 2005). Well-designed and properly implemented programs will ensure the continued use of new social skills, as well as increase the generalization of previously learned skills into different social situations.

Conclusion

During the last three decades, social skills deficits have become a primary source of remediation in children with learning disabilities (Kavale & Mostert, 2004; Maag, 2005). Schools have used social skills training programs to teach the social skills necessary for these children to be successful in their daily lives. Many children with learning disabilities require the extra support provided by social skills intervention programs, but what is not clear is which programs actually work and why. Nevertheless, teaching social skills should have equal priority with academics, because without peer relationships and social connections, children are often not able to focus on learning the curricular goals set out for them (Lavoie, 2005; Manitoba Education, Citizenship and Youth, 2009). Future research needs to focus on determining which programs are most successful for the specific sub-types of learning disabilities and how to facilitate the long-term use of intervention strategies within a student’s education plan. Pro-social skills are essential for the overall development of our students, and educators must

ensure that students receive the training required to ensure the healthy development of this vital domain.

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OPINION PAPERS

School Versus the Cybernetic Hero

David Sinclair

Swords are drawn, so dragons beware. Our *hero* races through the labyrinth between old stone walls, evading trolls and other enemies as he collects gold and experience. His pace is hypnotic and the luxurious world he is running through changes with his every movement. Our *hero* spills from the narrow walled passages onto an open battlefield, where other *heroes* from all over the world compete for supremacy. They make alliances with one another on the battlefield, using dozens of languages that computers translate instantly. Attacks are planned, dragons are destroyed, friends are made, and heroes remain heroes. In this world, our *hero* finds success, belonging, and excitement.

I have described a typical scene of one of the world's most popular video games, World of Warcraft (WOW). Events like this occur daily on millions of computers in Canada and the rest of the world. I use this game because it is well known, but I think that most popular video games offer the same things to players as WOW does: success, belonging, and excitement. Many of our students are paying more attention to these games than anything else in their lives. I have seen this behaviour in schools and I find it troubling.

I liked video games when I was younger. They were relatively simple games in the eighties, and when I ran out of quarters I was done. Most had a simple premise: kill the bad guy(s) while music made of beeps and pauses guided you through simple mazes. The games of today are very different. When I see a game today, I compare it with a movie: breathtaking landscapes, incredible soundscapes, voice actors, complex scripts, realism, psychological complexity, infinite choice, almost never ending, and deeply inviting. I have tried these games on occasion and I can see why they are popular. How can a simple brick building called a school compete?

For some of our students, video games are more than just a game; they are a problem. I go a step further and say they are an addiction. When we are addicted to something that we do not ingest, it is called a process addiction. Video games are ingested through the eyes and ears.

I can recall several students quitting school because playing video games was more important. I would talk to their siblings in the building, or moms, only to find out that many of them were playing games for 12 to 18 hours at a time (sometimes longer). In complex video game worlds like World of Warcraft, 12 hours barely gets you started.

I am shocked that the reaction to this problem has been slow. I recently completed a review of literature on video game addiction and there is hardly anything out there. Officially, video game addiction has not yet been defined, and I think that the psychological effects of games are poorly understood. As educators, we are coming across a challenge that we do understand. It is in our schools that we want students to feel success, belonging, and excitement.

Not staring at a screen in a dark room.

Why Teach?

Bruce Lyons

There was a time when no specific vocation of a teacher and student was required. The master lived with and worked with his apprentices, and the apprentices lived with him and they learned. For the most part, this type of education is gone forever. The prototype of the teacher as master, however, has remained. In the not-so-distant past, teachers were considered professionals who held a certain degree of knowledge in their subject areas. This knowledge was passed along to students who would sit, spellbound in their straight rows, listening to every word that was delivered by teachers during their lectures. Most teachers entered the profession because they believed that they had some knowledge to pass along, and students listened to them because, for the most part, teachers did have information to disseminate.

Today, educators live in a special moment in human history, when there is an accumulation of knowledge greater than at any other time, and the growth of that knowledge is expanding exponentially. Information is readily available to our students and, because of the ease of access to that information, today's students are more knowledgeable than ever before. Some researchers have concluded that IQ's have been steadily rising for the past forty or so years. Because of advancements in communication technology, students now have access to more information than any other collection of people in history.

It is increasingly more difficult for teachers to hold the attention of their students, as there is substantial competition for students' mental energy. Indeed, with the availability of interactive video games, text messaging, email, internet – all accessible to the student at any time in the palms of their hands, in high definition and in digital surround sound – how does a teacher compete for the students' attention? Teachers are no longer indispensable as the "vessel of knowledge" that they once were. Students can now "Google" any variety and quantity of information they require by merely flipping open their cell phones. With all of these rapid transformations taking place in the world, the question needs to be asked, why teach? Are teachers necessary in the process of education?

The answer to that question is that if education is no more than the straightforward acquisition of knowledge, then students, in fact, do not need teachers. However, the concept of education as considerably more than simply the acquisition of knowledge has been with us for some time. Even at the turn of the first millennium, the Greek philosopher Plutarch recognized education as the source and root of all goodness. At the beginning of the twentieth century, the great American philosopher, psychologist, and education reformer John Dewey recognized that the most important task of education is in the creation of conditions necessary for the growth and development of democracy. If these two great minds were correct in their assumptions about the purpose of education, then teachers are more important than ever in that process.

The simple fact is that the function of teaching has never really been simply about imparting knowledge, but rather helping students in their development of judicious use of that knowledge. Information can be found on the Internet, but wisdom cannot. Wisdom comes from experiences and through the development of human relationships in context with the information that is being presented in the classroom. It is not just about the information. The process of education (as opposed to a model of "schooling") is still very much a "people business," and the teacher is absolutely essential in that process.

The teachers' purpose is to pick up on the energy and the needs of the imminent nature of the personalities in their classes, directing them in positive ways and creating the pedagogical conditions necessary to accomplish their goals. Teachers – good teachers – are not happy unless they can make a significant difference in the lives of their students. Good teachers live to see the "light bulb turn on" above the heads of their students when they teach them. Good teachers are passionate. They relentlessly go outside themselves and enter the many lives that

surround them, many of which appear dreary and meaningless to those who cannot observe these lives with the insight of a good teacher. Teachers are directed in their approach to planning for learning by observation and by careful study of conditions that are at work in their classrooms. They take advantage of difficult situations when they present themselves and find opportunity for instruction where many would seek only to chastise. Good teachers find ways for their students to make independent decisions, to take responsibility both for themselves and for those who will follow in future generations. Teachers understand that their job demands a high degree of asceticism and a gratified acceptance of the responsibility for a life entrusted to them, a life that they must influence without any suggestion of supremacy or arrogance.

Good teachers see education not as merely a service. They identify the role of education as having a purpose that is not only meaningful in and of itself, but also influential in the manifestation of a civil society. The creation of an arena of unforced collective action around shared interests, purposes and values cannot occur without competent and judicious leadership. Teachers throughout history have been recognized as a major catalyzing influence in that process. No matter how much information is created in our world, we will always need leaders who possess the unique ability to make use of that knowledge in order to impart wisdom to our young people.