TOWARDS A PASTORAL PEDAGOGY FIT FOR THE PANDEMIC AGE – A FINAL REFLECTION ON THE BOY WHO WAS RAISED AS A DOG

All of the children that make up the enthralling chapters of Boy Raised are, to varying degrees, misunderstood and marginalised within communities that are blinded by what Dr. Perry calls ‘child illiteracy’. This includes clinical, judicial, child protection, educational as well as social and family communities. Ostracised at school, Peter, the subject of the final chapter, is no exception.

Profoundly neglected as a Russian orphan for the first three years of his life, he was adopted by loving and devoted parents. However, nobody prepared them for the developmental challenges that lay ahead and by the time the couple reached out to Dr. Perry, their boy aged 6, they were desperate.

Two things are particularly interesting about this chapter. The first is the fact that Perry’s intervention involved enlisting the support of Peter’s classmates. The second is the sense in which all of Perry’s thinking about childhood trauma and recovery fell into place during his work with this family.

In essence, the golden threads of the neurosequential model were woven together. The main part of this post discusses those ‘Perry 3 Rs’ that translate the model into a way of working with vulnerable children and young people, or, rather a way of ‘being’ with them.

It’s concluded that Perry’s neurosequential, biologically respectful approach offers a low-cost blueprint for inclusive education; a post-pandemic antidote; a pastoral pedagogy that will allow even those most deeply impacted by the fallout of coronavirus to be safely held within their local schools – for the good of all.

Peter’s Amazing Brain

With Peter’s permission, Dr. Perry told his class all about his traumatising early experiences in the orphanage and the impact of these on his ‘amazing brain’. This transformed their hostile attitudes (we fear what we don’t understand) such that they went on to become an enthusiastic and compassionate support team for Peter, quite transforming his experience of school.

The chapter is called ‘The kindness of children’ and it’s always been my belief that this is a resource we could do much more to tap within our schools. I wrote this assembly having frequently observed in my SENCO role just how accepting of diversity children and young people can be, when educated about difference. Certainly, the impact of Dr. Perry’s intervention was enormous, highlighting the central role of peer support within a school’s provision for pastoral care:

Knowing that Peter’s immature behaviour came from a history of deprivation helped his classmates interpret it. When he grabbed something or talked out of turn, they no longer saw it as a personal affront or jarring oddity, but simply as a remnant from his past that they’d been taught to expect. The results were rapid: almost immediately he stopped having tantrums and
outbursts, probably because what had prompted them was frustration, a sense of rejection and feeling misunderstood….What had been a downward spiral of rejection, confusion and frustration became instead a cascade of positive reinforcement, which fed on itself. The huge gaps in developmental age across emotional, social, motor and cognitive domains slowly filled in. By the time Peter reached high school he no longer stood out and he has continued to do well, both academically and socially.

No amount of clinic-based therapy could ever have matched what Peter gained from the kindness and friendship of classmates. This is the truth that leads us to the chapter’s great conclusion:

The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love.

-Bruce D. Perry

The neurosequential model

As already suggested, it was through his work with Peter and his painstaking efforts to enable the boy’s parents to understand their son’s behaviour that all of Perry’s prior experience and learning crystallised into a coherent whole; the representation of the brain as upside down triangle that he sketched out for the family is of course now recognised across the globe as the underpinning of his neurosequential model of therapeutics.
He explains it thus:

The human brain develops sequentially in roughly the same order in which its regions evolved. The most primitive, central areas, starting with the brainstem, develop first. As a child grows, each successive brain region (moving out towards the cortex), in turn, undergoes important changes and growth. But in order to develop properly each area requires appropriate timed, patterned, repetitive experiences. The neurosequential approach to helping traumatised and maltreated children first examines which regions and functions are underdeveloped or poorly functioning and then works to provide the missing stimulation to help the brain resume a more normal development.

(The Boy who was Raised as a Dog – Appendix)

These interconnected regions of the brain are wired so as to ensure survival. All incoming sensory signals from the outside world and from the body (the inside world) are first processed in the brainstem. This lower region then passes that information up to higher areas for sorting, integration and interpretation.

If the incoming sensory material is familiar or felt from prior experience to be ‘safe’, the brainstem does not activate a stress response. However, if the incoming information is unfamiliar or previously associated with threat, pain, or fear, a stress response is activated – before the information can reach the higher, thinking part of the brain. This stress response interferes with accurate cortical processing by shutting down certain areas of the cortex, to a greater or lesser extent, depending on the height of arousal.

Highly sensitised, traumatised children are frequently activated by apparently inconsequential stimuli and this is the root of their manifest difficulties in school.

Eye contact for too long may be perceived as a life-threatening signal. A friendly touch on the shoulder may remind one child of sexual abuse by a stepfather. A well-intentioned gentle tease to one may be a humiliating cut to another, similar to the endless sarcastic and degrading abuse
he experiences at home. A request to solve a problem on the board may terrify the girl living in a home where she can never do well enough. A slightly raised voice may feel like a shout to the boy living in a violent home. (p298)

These children will at times be quite literally unable to consider the potential consequences of their actions because of the arousal state of their brains. There will be many more of them, post pandemic, and all educators will need training in how to ‘get to the cortex’ if these, the children who need us most, are to learn and grow.

Getting to the cortex involves moving from the bottom of the brain to the top through the Perry 3 Rs of Regulate, Relate and Reason.

(From Beacon House)

Pastoral pedagogy fit for the pandemic age – applying the 3 Rs

It’s important to signpost here the full fifteen hours of training that is available for educators online at Neurosequential Model in Education. This can be accessed by groups or individuals and comprises Perry’s video-recorded guidance. This post doesn’t claim to cover the ground in any comprehensive way at all but sets out simply to illustrate each of the ‘Rs’ through reference to practical strategies that could be adopted by all staff. Many of these were flagged by book club members last week, several of whom observe the power of the neurosequential approach daily, through their work with traumatised and vulnerable young people, both in special and mainstream schools.

Regulate

(Braintem and midbrain – the sensory motor brain)
Help the child to regulate and calm their stress responses – fight, flight, freeze. Offer soothing comfort and reassurance.
(Dr. Bruce Perry)
Every adult within school, from site-manager to headteacher, should be ready and willing to ground and regulate a fellow human being in distress. It needn’t be difficult, though it does requires self-regulation. Perry is clear that, because of the mirroring neurobiology of our brains, one of the best ways to help another become calm and centred is simply to be present for them, calm and centred ourselves. Emotional contagion means that the reverse is also true of course – dysregulated adults dysregulate children. This is why staff wellbeing is such a high priority within the school that prioritises high quality pastoral care.

However, we obviously want children to be able to develop strategies that they will be able to draw upon to regulate themselves, ultimately. Self-soothing techniques, if you like. These need to be introduced and practiced when children are calm, and emotionally intelligent school communities will share the learning with all pupils, not least so that they are in the best possible position to support their struggling peers.

This excellent resource suggests a number of grounding and regulating strategies, from deep breathing exercises to muscle relaxation. Every child is different and will benefit from a different approach, so it’s important to practice a range, possibly as brain breaks within lessons. I find it very helpful to watch demonstrations (never personally having been taught this stuff) and in this regard Dr. Karen Treisman’s relaxation and emotional regulation videos are invaluable. She stresses the importance of repetition, if lasting and therapeutic change is to occur.

Walking is of course rhythmic, repetitive and grounding and it is worth noting here that the practice of requiring dysregulated children to stop walking and to stand still, perhaps against a wall, only succeeds in escalating the threat and shutting down the cortex. Furthermore, trauma is rooted in the experience of utter powerlessness and power-over adult behaviours are therefore dangerously retraumatizing. Many exclusions would have been avoided were this better understood. The adult who walks alongside, calming and connecting before expecting reason, is the adult we need leading behaviour in our schools, modelling the best practice and not the absolute worst.

Thought needs to be given to the school day itself and whether it is biologically respectful. I have felt myself become just a little less regulated when I haven’t found time for my mandated hour of exercise during lockdown. We are not designed to be still for long periods. There’s a strong case for continuing the Daily Mile activity that many schools have introduced as part of their current childcare offer, this summary of the research, confirming its benefits, both wellbeing and academic related.

Not to be confused with discredited ‘brain gym’, stress-reducing classroom brain breaks are also strongly supported by the evidence, as proven here. These could also be utilised as the ten-minute distractor breaks that enable spaced learning, another biologically respectful approach. In addition, sensory circuits are now widely used in primary schools, the motor exercises setting children up for the day, or perhaps for next lesson when they are situated along corridors.

Relate

(Limbic brain – the emotional relational brain)
Connect with the child through attuned, sensitive relationship. Empathise and validate the child’s feelings so that they feel seen, heard and understood.

(Dr. Bruce Perry)
Articulated quite brilliantly by Kim Golding in this ‘journal paper’, ‘connection before correction’ is another way of framing the ‘Relate’ stage of the bottom up process. Connection with a distressed child creates relational safety such that reason is possible. Here is psychologist Karen Young’s take on the process:

I know you’re a great human. I know that for certain. That decision you made didn’t end so well, but I imagine there was something that might have felt okay about it at the time. What made it feel like a good idea? Then, ‘I get that. I’ve felt that way myself. How do you think it went wrong?’ And finally, ‘What might be a better thing to do next time?’ Or, if needed, ‘Is there anything I can do to make it easier for you to do that?’ Or, ‘Things seem pretty upside down right now. What might you be able to do to put things right?’

Scripts are not difficult to imagine. Their key features are validation of feelings – a child needs to feel seen, heard and understood (“I see you are angry and frustrated and I can understand why”) and empathy (“It must be awful to feel overwhelmed like that.”)

Of course, within inclusive schools, adults understand the importance of making connections with vulnerable and insecure children throughout the day, not just at times of crisis. We saw that it was this ‘therapeutic dosing’ that enabled Peter’s rapid progress.

We are a deeply social species, our survival having once depended upon group membership. If we don’t relate to children, create within them a sense of belonging and acceptance, then our efforts to reason with them will always be futile because they will feel threatened and activated within a school environment that isn’t psychologically safe.

**Reason**

(Cortical brain – the great human thinking brain)

Now that the child is calm and connected they are able to fully engage in learning.

**Heading straight for the reasoning part of the brain CANNOT work if the child is dysregulated and disconnected from others.**

(Dr. Bruce Perry)

It is now possible to set limits on behaviour, which clearly we must do for the safety of both school community and child. The question is not whether but how to do this. Perry observes that ‘If we want our children to behave well, we have to treat them well’ (p273) suggesting that radical change is needed to the approach that is traditionally taken:

Troubled children are in some kind of pain – and pain makes people irritable, anxious and aggressive. Only patient, loving, consistent care works: there are no short-term miracle cures. This is as true of the child of three or four as it is for a teenager. Just because a child is older does not mean a punitive approach is more appropriate or effective. Unfortunately, again, the system doesn’t seem to recognise this. It tends to provide ‘quick fixes’ and when those fail, then there are long punishments. We need programs and resources that acknowledge that punishment, deprivation and force merely re-traumatize these children and exacerbate their difficulties.

(p274)

This doesn’t mean that rules do not apply, it’s more a matter of how we teach vulnerable children to work within them and how we respond when they slip us, as they surely will. There will inevitably be occasions when it won’t be possible for them to remain in class, for example, and a reliable 3 R respecting plan is needed for such occasions. This would typically involve
reporting to a safe base within school where thought is given to repair. For example, *When you’re ready, let’s go and pick up your maths book and repair it with some Sellotape. We can then make a small apology card for Sir.* Because Sir is trauma-informed, he will accept the apology graciously and ensure that the child knows that there is no rupture to the relationship.

**Conclusion**

It is important to emphasise that there is nothing suggested within this post that is not achievable if we are creative in our use of all the human and physical resource available within schools. Safe bases don’t need to be spare classrooms; perhaps it’s the clay-room for one (thinking now about my youngest daughter) or an office for another (mine was always exactly this).

What is needed if our schools are to rise to the challenges of this pandemic age is not new resources or new services but a new approach, rooted in the science. However, with the current policy focus on traditional behaviour management in mainstream alongside alternative provision for those who flounder, we do not seem to be grasping this. Segregation is not a solution and the evidence is stacked against it, for reasons that Perry explains in biological terms:

> Another important implication of our mirrored biology is that concentrating children with aggressive or impulsive tendencies together is a bad idea, as they will tend to reflect and magnify this, rather than calm each other. (p275)

With so much scientific evidence at our disposal, so much that we haven’t even started to try yet, sector-wide, we stand on the brink of a huge, most costly missed opportunity. We know that the most vulnerable and disadvantaged children and young people *can* thrive within their community schools when the approach to behaviour and learning is biologically respectful. Trailblazing leaders are already proving that their schools are capable of holding, containing and healing children like Peter. We must hope that others follow them as they prepare to meet the huge societal challenges of this pandemic age.