



Western
Centre for School
Mental Health



**LONDON DISTRICT
Catholic School
BOARD**

MINDUP

Findings from the
2016-2017 Pilot of
MindUP in LDCSB
Kindergarten
Classes

MINDUP FOR YOUNG CHILDREN LDCSB PILOT YEAR



The purpose of this pilot study was to implement **mindfulness-informed, evidence-based, social and emotional learning intervention programming** (MindUP™) for young elementary school children (junior and senior kindergarten) in the London District Catholic School Board using a Trauma-Informed Framework. The 2016-2017 pilot was the first year of a multi-year plan to evaluate the impact of the curriculum. The objectives of the first year were to evaluate the feasibility and fit of the program in the LDCSB and to pilot evaluation measures for future years.

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BACKGROUND

Young children's development of social and emotional competencies are associated with a wide range of positive outcomes that support their adjustment to school. Students who participate in Social-Emotional Learning programs are described by educators as being more attentive and emotionally regulated; students also perform better in tests of executive functioning.



MindUP is a **universal program** that classroom teachers implement to support children's development of adaptive and effective social and emotional skills (e.g., perspective taking) and their school adjustment.

It is important for all children to have opportunities to develop these skills, but it is especially important for children who have experienced trauma. Unfortunately, many children are exposed to traumatic events, adverse experiences and/or chronic stress in their early years. Exposure to violence and trauma can have negative consequences for children's mental health and well-being, and can curtail their social and emotional development.

Educators participated in a full day training session for the MindUP curriculum. They also engaged in an additional half-day professional learning on trauma and early childhood development. The professional development provided educators with the opportunity to **learn trauma-informed care practices** to better promote development of social-emotional skills for all children, and specifically to positively impact children whose mental health may be particularly vulnerable because of their exposure to trauma.

15 CLASSROOMS

LDCSB SCHOOLS 8

15
TEACHERS

9
EARLY CHILDHOOD
EDUCATORS

246
STUDENTS

Educators had dual roles as research assistant and research participant. Educators were research assistants when they tracked their implementation, completed implementation surveys, and completed pre- and post-implementation surveys for each child who had guardian consent to participate in the research. The piloted standardized measures used for the students were the Behaviour Assessment System for Children 3 (BASC-3) and Self-Regulation in Schools Inventory (SRISI). The educators were research participants when they completed optional surveys on their personal thoughts, attitudes around trauma, and job stress (ARTIC-MBI surveys) and participated in focus groups or provided feedback through an online survey. Other sources of data for this report included surveys completed by principals (n=4), training feedback survey completed by educators, and the MindUP Satisfaction survey. We had very high rates of participation in the research components, in large part because of the commitment and leadership shown by LDCSB administrators and educators.

OVERALL FINDINGS

Data from all stakeholders suggested that the program was well received, viewed by educators as beneficial for students, and fit well with the larger LDCSB goals. In this report we identify program strengths, implementation experiences (including challenges, fit, and fidelity and modification), impacts on children, and impacts on educators. We finish by highlighting next steps and implementation advice offered by educators. All of the photos in this report were taken by educators during program implementation, and all individual children's guardians have provided consent for photos to be used.



PROGRAM STRENGTHS

MindUP in a Trauma-Informed Framework is a universally implemented program: every child in the classroom participates and can benefit from the program, and no children have to be singled out. For young children, stress can be transmitted unwittingly when families are dealing with economic hardship, job stress, relationship struggles, or health issues. For other young children poor nutrition, limited resources, emotional deprivation, or multiple problems at once can increase levels of stress leading to difficulties learning and socializing. Educators were trained in Trauma-Informed Care and MindUP in order to understand the effects that chronic stress can have on young children's **brain development**. MindUP teachers practice co-regulation with the children, providing them the tools for **self-management**. MindUP curriculum activities such as participating in acts of kindness, engaging in physical activity, engaging with peers, and brain breaks (calming strategies) helps children to feel happy and prepare their brains for peak performance.

Educators used the brain science and the language to further enable connection between children's feelings and their developing self-regulation skills. One teacher said they were always,

“*Bringing it back to the brain science and always talking about what's going on in your brain right now. I think we got a lot better even when the kids were playing and there was some scuffle, 'So what's going on in your brain?' And kind of getting them to understand it.*”

An example of one student who brought home his newfound knowledge on the benefits of a calm and happy brain:

“*One little JK, who was actually probably three at the time, was doing something at home... his dad was trying to build a tower and [Student] thought it wouldn't work. And he said to his dad, "Dad you need to stop. You're thinking with your amygdala you need to slow down and calm down and think with your prefrontal cortex!"*”

Educators could easily see the benefits of participating in the program:

“*My students became very good at focusing - especially with the breathing ball. Many times they would ask for the calming music we played at snack time. They became very good at recognizing and naming their feelings when upset and then breathing to calm down. They also became very good at perspective taking and choosing happy.*”

Another program strength that many educators found was that children of this age readily engaged with the lessons on brain physiology.

“*Introducing the parts of the brain [we thought], 'are they going to get it?' That for me is like OK yeah they are capable... They did really well with it. They bought into that, knowing the parts of the brain.*”

MINDUP IN ACTION



Extending the lesson: Teacher using Christmas garland as a visual to teach about the nervous system.



Mindful Senses



“Mindful movement: Trying to move just the pinky toe - hilarious!” - Teacher

When children engage in an activity they enjoy, their amygdala relaxes, cortisol levels decrease, and positive neurotransmitters are able to replenish; allowing the brain to return to a state optimal for learning.

IMPLEMENTATION

15 LESSONS
4 UNITS

GETTING FOCUSED
SHARPENING YOUR SENSES
IT'S ALL ABOUT ATTITUDE
TAKING ACTION MINDFULLY

HIGH IMPLEMENTATION REPORTED BY TEACHERS:

88% OF EDUCATORS COMPLETED ALL OF THE LESSONS

ALL CLASSROOMS COMPLETED AT LEAST **80%** OF THE LESSONS

IMPLEMENTATION SUPPORTS FROM:

- EARLY CHILDHOOD EDUCATORS
- SOCIAL WORKERS
- OTHER TEACHERS (E.G., PHYSICAL EDUCATION TEACHER)
- EDUCATION ASSISTANTS
- PRINCIPALS
- EXTERNAL EDUCATION GROUPS (E.G., LET'S TALK SCIENCE VOLUNTEERS)

10-130 MINUTES

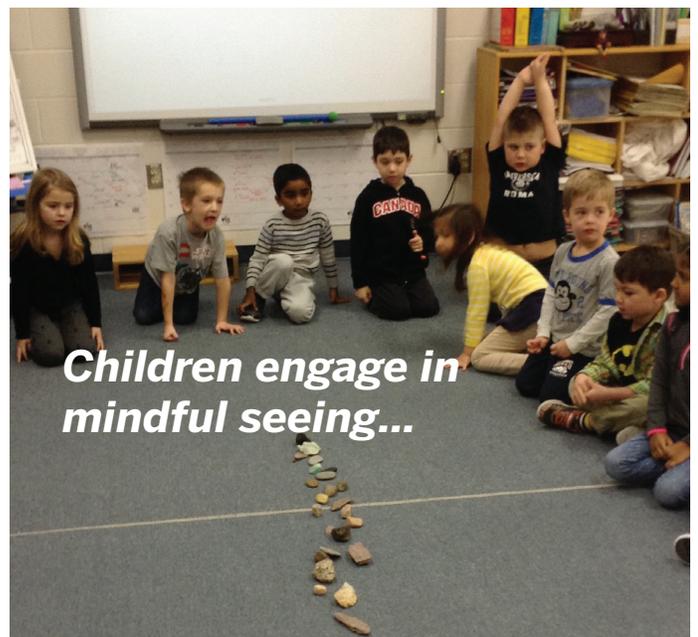
SPENT ON EACH LESSON OVER A SPAN OF 1-10 DAYS

AVG 35 MINUTES PER LESSON

BEYOND THAT, MORE TIME WAS SPENT ON REVIEW AND PRACTICE.

Lesson timing varied greatly as explained by one teacher:

“ We structured it so that after the focus lessons were delivered we took the time to ‘practice’ the language of the lesson and integrate it into the classroom. Once we felt that we had mastered a topic we would then proceed to the next focus lesson. Some lessons took more time than others based on students pre-existing knowledge, classroom’s pre-existing structure and teaching style of the teacher.”



Children engage in mindful seeing...

CHALLENGES TO IMPLEMENTATION

Educators stated the challenges to implementing the MindUP program this school year were timing, the appropriateness of the program for the kindergarten age level, and resources. Due to an unintended late start of the study, many classrooms did not start implementing the program until January 2017. Many educators found it difficult to teach the entire program before the end of the school year in June or if they did finish the program, they indicated that they would have preferred to have more time to spend on each lesson. They also stated Easter is such a busy time in the schools, it was a difficult week to do a MindUP lesson. Another potential cited limitation to the program is that there are activities and information in the curriculum not suitable for the kindergarten demographic, for example the writing activities. However, there is great flexibility with the program and educators are encouraged to select or develop activities that fit their students. Finally, many educators enjoyed the activities and videos on the portal and were disappointed when it was deactivated. Educators also stated that a brain model would be a helpful resource.

CURRICULUM INTEGRATION AND EXTENSION

42% of educators indicated that they made modifications to the MindUP program while implementing; however, many of the modifications were additions or extension activities. This is consistent with the directions of the program developers, in that the MindUP curriculum is dynamic. Concepts and practices can and should be integrated throughout the day, the school and in all subject matters.

FIT: TRAUMA-INFORMED FRAMEWORK, MINDUP, AND LDCSB

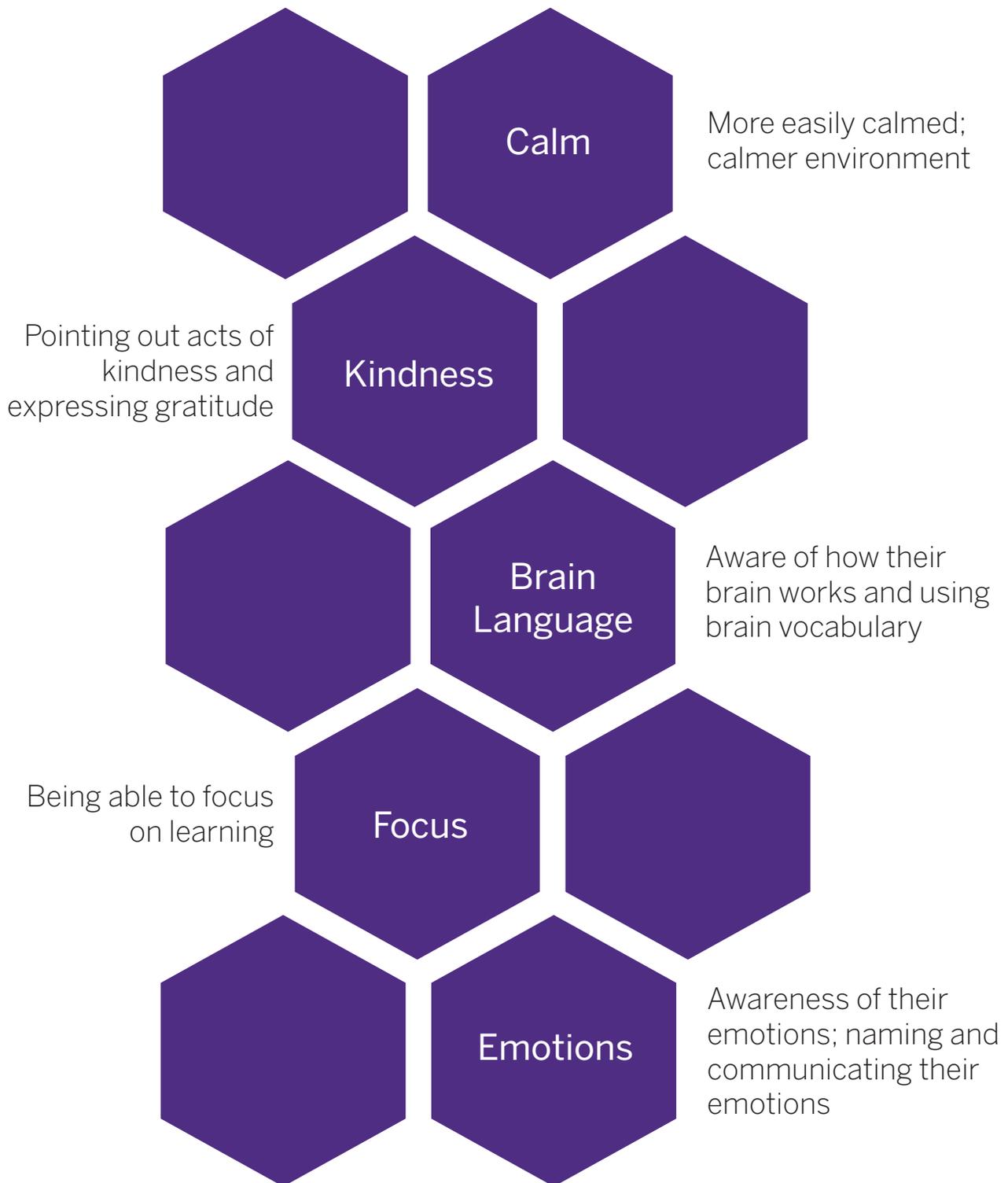
The theory behind linking MindUP and the Trauma-Informed Framework is that childhood trauma and adverse experiences affect the executive function capacities such as **self-regulation**, which MindUP attempts to develop. In the focus groups, educators spoke about their thoughts on the importance of the trauma-informed framework and how it fits with the MindUP curriculum:

“*I think hearing the stats about trauma shocked me. Having taught at schools with a large high risk population I think I didn't realize how prevalent trauma affected children are at all schools. While I saw a need for mindful activities before sometimes they would get pushed out of the way by other curriculum demands. Now I view MindUP and all it includes as a good for all/necessary for some strategy that is vital to student success and teacher longevity.*”

All educators felt that the MindUP program matches the school board's priorities and objectives (Somewhat 33.3% and Very Much 66.7%). All principals surveyed indicated they think MindUP aligns with the school improvement plans and board goals as well as any other Social-Emotional Learning programs their schools are implementing. One Teacher and Early Childhood Educator taught MindUP along with Religion because they felt the concepts were complementary. Furthermore, they brought the MindUP language into the daily prayer, encouraging the children to **“mindfully pray.”**

IMPACTS ON THE CHILDREN

Feedback from educators on the changes they noticed in their classrooms as a result of the MindUP program was entirely positive. Common themes of changes are indicated below:



Educators were asked the extent to which they thought children learned about controlling their negative emotions (emotional self-regulation); the connection between their brains and their emotions; and using mindful awareness and breathing to focus their attention. For each question, 100% of respondents indicated the children learned these important concepts and skills.

One teacher explained:

“ I love hearing the kids talk to one another. I have heard things like *‘Your amygdala is taking over,’* and *‘[Teacher’s name] I really need to move right now,’* and *‘I feel so good after a brain break’* and *‘I think we need a brain break.’* The students seem to realize that they feel better when we take the time to get focused for learning.”



Children practicing a “Brain Break”
Belly breathing with their breathing buddies.

IMPACTS ON THE EDUCATORS

Educators indicated personal benefits as well as changes to their teaching practices or ways of thinking. One teacher described,

“I personally benefited from the concepts in this program and have been teaching my own 3 and 5 year old. It has been a really great tool to help navigate the busyness and stressful events of life.”

The Trauma-Informed Framework training helped many educators to reframe their thinking of difficult behaviours and/or strengthened their previous understanding of the important topics.

“I think at the beginning of the year I thought that every child that had a behavioural issue had to be dealt with in one way and I’ve learned over the year, that’s not necessarily the case, that’s probably been my biggest learning curve this year; that it’s not always that disciplinary measure; we have to put in place other strategies for sure.”

Another teacher eloquently stated the link between Trauma-Informed practice and Mindfulness when explaining the changes in her teaching:

“I feel I am more mindful and aware of student’s emotional states and able to relate behaviours back to the brain more often. I am much calmer in my approach to teaching and am able to help students calm down when they are upset without getting frustrated.”

MOVING FORWARD

Educators had some excellent suggestions for improvement, including better access to resources and sharing ideas.

This study is funded for 5 years. Our pilot year showed good fit between the program and LDCSB kindergarten classrooms and high levels of satisfaction. Based on the pilot we have made some changes to our evaluation methods for the upcoming school year (2017-2018). We plan to scale up the study to more kindergarten classrooms and add some kindergarten classrooms as comparison groups. Educators in comparison classrooms will receive the MindUP program, training, resources and support the following school year. We will also follow the Kindergarten (JK/SK) students from this past school year all the way into grade 2/3. We are studying benefits for children receiving MindUP all through their early childhood education.

RECOMMENDATIONS

TIPS FROM EDUCATORS FOR SUCCESS WITH MINDUP

Be confident that kids this young can grasp the concepts

"Yes this is very possible. We've lived it. And we can attest to it!"

Understand it's a process

At first, "maybe it's only 10 seconds that you can get them to sit there and settle and do some deep breathing but eventually they will go for longer periods of time."

Start as early as possible in the school year

It is a great idea to get into the routine as soon as possible.

Organize the Breathing Buddies carefully

Each child should have their own Breathing Buddies to feel a special connection and minimize conflicts

Shoe organizers can make nice "beds" for the Breathing Buddies to rest when not in use

Borrow or create brain model visuals

One teacher reached out to Western to borrow a brain model

Another teacher created her own brain models from spaghetti and other food items

Have each child mold a brain from play doh or plasticine

Try playing relaxing music during a brain break

Bonus Tips from principals to other principals

Attend the training day yourself with the educators, if it is possible

Model mindfulness in all you do and say



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