July 6th 2015

Changing Education Paradigms

I love this ted talk. I have seen it before during professional development seminars and during my BEd. Firstly it evokes many of the frustrations that I feel on a day-to-day basis while teaching in my classroom of 24, 6 and 7year-olds. The frustration comes from one of the points made later on in the Ted talk about divergent thinkers. We have this innate ability to think of more than one possible answer to a question, and yet as we become educated, we lose this ability as we have gone through the "factory" of the education system. The speaker points out "it's not because teachers want it this way, it's because it happens this way." I often feel frustrated because I don't think I'm providing the best opportunities in my classroom for young learners to keep their creative thinking and their curiosity. What do you do though when you are given the "factory" building and limited resources? So I make small changes, have my students work together in groups, use an inquiry based approach and so on… but no matter how much effort I seem to put in, when you watch a presentation like this you feel like there needs to be a bigger change in the public education system rather than just having our children work collaboratively once in a while.

This Ted Talk also makes me think of the stratification of education in the past, and how it seems that it could be returning to this kind of model in the future if public education continues to be severely underfunded as it currently is. During the strikes that were going on recently in B.C, several families moved to private schools to "get a better education for their child." Now that I work in an inner-city school with very low socio-economic status families, the stratification of education has become even clearer. The PAC committees are the ones who are raising the funds for the school, so the school without a community of parents willing to give their time and energy to the school are at a severe disadvantage. If

teachers are burnt out and not given enough support, then they are just contributing to the idea of social structure and capacity. We know that it is not that the poor children are not able to learn, but we do know that they are not given the opportunity to learn, just as in the past when working children did not get an education.

As far as the over medicalization for ADHD, I agree with Robinson that it is not an epidemic as much as it is a band aid, a quick fix for dealing with the difficult needs of our children. These children are not as stimulated by human interaction because they are so infatuated with technology and instant gratification. They are not going to attend to as well to just one person speaking to them when they are used to "overstimulation." And then we are penalizing them for being distracted from the "boring stuff" at school. I can anticipate many pressures from teachers, administrators and parents to diagnose ADHD as a medicated, subdued child, requires less energy on behalf of the adults.

I can look at this education system and how it is going to have implications for me in my future work as a school psychologist. I can see that public schools have limited resources and burnt-out teachers. I can infer that psychologists working for a school district in the public system might have different recommendations on their reports that reflect the abilities of the low-income family structure and limited resources at school. Contrarily, if you are working in the private system in a high socioeconomic status neighborhood, recommending using a laptop and private tutoring might not be uncommon.

Robinson, Ken - Changing Education Paradigms, Ted Talks
https://www.ted.com/talks/ken_robinson_changing_education_paradigms

July 12ᵗʰ 2015

The Historical Context of School Psychology

I was curious about reading this article because I was under the impression that school psychology was a relatively new professional domain. I thought it would be interesting to see what kind of historical perspective could be used to examine an area of

psychology that was only a "professional entity for only a few decades" (Merill, 2011) I was surprised to read that school psychology was emerged from 1896 when Lightner Witmer opened the child's guidance clinic and therefore Witmer is the founder of both school psychology and clinical psychology. The Binet-Simon scales were used to identify children who would not be successful in the regular education system and were therefore given training in other settings. In the 1920's, Arnold Gessell was appointed the first school psychologist. I am interested in the works of Gertrude Hildreth and her book "psychological service for school children" published in 1930. It seems as though the breakdown of the day of the school psychologist from 1930 to today is different and used to be more centered on conferencing with teachers and parents than on testing and diagnosing students. I found the link between the baby boom and the need for school psychologists interesting, as I had never made that connection before. Due to the influx of children in the school system, there was a growth in the number of children needing support for their academic or behaviour concerns. 1975 the Education For All Handicapped Children Act was established although the schools did not have an integration model like what exists today. There were several laws surrounding the act that assured the free and appropriate public education for all students with disabilities. This is when school psychologists were really needed as assessment became essential for funding. I think that this topic is especially pertinent to me right now as I enter the field. I have heard of the protocol shifting away from assessment as a means for funding. I wonder what kind of implications this will have on myself and on the practice of school psychology in the near future.

Merrill, K., Ervin, R., Gimpel, G. (2011). School psychology for the 21st century: Foundations and practices (2nd ed.). New York, NY: Guildford Press.

July 18, 2015

Why We All Need to Practice Emotional First Aid:

Favoritism Of The Body Over The Mind.

I thought it was very interesting that I watched this video after just getting back from the gym. I have been aware for as long as I can remember that I need to look after my physical health. I look after my physical body all the time by eating nutritious foods, exercising, having good personal hygiene and so on, but I don't think of maintaining my mental health very often. I think that the topic of loneliness as a "psychological wound" is very interesting especially at the moment when I am currently away from family and friends while being in Calgary for this graduate program. I can definitely see how loneliness could have the physical side effects mentioned by Winch such as increased likeliness of an early death, high blood pressure, high cholesterol and suppressed immune system. I think that people base a lot of their values on the western medical system where everything needs to be scientifically proven and therefore find it difficult to legitimize something like loneliness when it is subjectively defined. People will feel emotionally or socially disconnected from those around them at different levels depending on their personality type and whether or not they enjoy being around people all the time, make new friends easily or how adaptive they are to new situations.

Failure is another psychological wound that distorts our perceptions and once we believe we can't succeed at something it is very difficult to change our mind. It is closely related to rejection and low self-esteem. When our self-esteem is low we are more susceptible to stress, anxiety, and it takes longer to recover from failure and rejection. I think that this can have very important implications for the classroom and it seems evident that a child with low self esteem due to poor academic performance, will then enter into a cycle that inhibits success.

Rumination, or the act of replaying a scene over in your head can lead to clinical depression, alcoholism, eating disorders and cardiovascular disease. This makes me think

about situations at work where I've had to have a difficult parent-teacher conference and I often replay the scenario over and over again in my mind afterwards, thinking that I did not say the right thing or wishing that I had said things differently. Winch's says that studies show that only a 2-minute distraction is necessary to change your thought patterns.

I think that this concept can be linked to the "Mind-Up" program. I was teaching my grade one class this year about red thoughts and green thoughts. A red thought is a negative one and we practiced consistently throughout the day and specifically during direct instruction and modeling how we can change our negative red thoughts into positive green ones. I hope that that small awareness and practice makes a difference towards being more emotionally resilient.

https://www.ted.com/talks/guy_winch_the_case_for_emotional_hygiene

July 20th

"Where are the Children?"

Watching some of the videos and listening to the oral histories of some of the Residential School survivors, it made me think of my own relationship that I have with the Aboriginal Success worker who works in my school district. She is allotted such a small amount of time for each school, and this website really put into perspective what a large job she has. Of course it is not fair to assume that all First Nations students should be treated through a trauma lens due to their ancestral history, it is also essential to be knowledgeable of this aspect of Canadian history and how it continues to affect our society and our schools today. One particular family that attends the school where I teach came to mind when reading through this website. This single First Nations mother chose to home school her four children. This was in part due to her lack of trust in the public school system, which was influenced by her own history that I really have no knowledge of. Unfortunately though this mother did not have a high level of education herself and the children were basically not given much education in terms of our standard western

definition of an education, and the children did not possess any literacy skills and basic math skills needed to be successful in the traditional school system. The legacy of these schools still permeates our classrooms today and the cycle of mistrust for education continues to have severe negative effects on Aboriginal learners.

July 23rd

The Adverse Childhood Experiences Study

This video was quite difficult to listen to and it evoked quite an emotional response. The ACE study, or the Adverse Childhood Experiences study illustrates the negative lifelong outcomes stemming from an unrecognized, unaddressed adverse childhood experience. I think it has been made common knowledge that those who were abused are more likely to become abusers themselves. I think that this is just a product of environment and if you were brought up in a violent environment, then you don't have any other parenting skills other than the ones you witnessed during your own childhood. It is also not surprising to me that those who have experienced traumatic events in their childhood are more likely to smoke, do drugs, suffer from obesity, commit or attempt suicide and suffer form other social problems. I would interpret this as an escapism strategy and a way of people to disassociate with themselves in order to temporarily deal with their traumatic histories.

I think that it would also be interesting to look further into the question of memory in relation to trauma. Her younger sister had a memory from when she was two years old because it was something that stood out in her mind. I wonder is memories of traumatic events are more reliable or less reliable in terms of the brain being able to "mentally block" something in order to protect itself.

I think that this story is an excellent example of how awareness and accountability has shifted throughout history. It does not seem like the 1950's was very long ago, and yet the way that children were raised and disciplined, and the amount of information that

parents had was drastically different than what it looks like today. I think that while some people might say that modern parents have overcompensated and are too worried and shelter their children too much, but when you look at this scenario as an alternative, it seems justifiable to shelter and overprotect our children today. I think that things would definitely have been done differently today in their situation because parents have more information and children are taught about sexual abuse and protecting themselves from the age of 5 years old. I think that the quote from Kofi Amaan was very applicable: "there is not trust more sacred than the one the world holds with children. There is not duty more important that insuring that their rights are respected, that their welfare in protected and that their lives are free from fear and want and they grow up in peace." I know that I can have this idea in mind when dealing with difficult situations in my future practice.

Jennings, Ann. The story of a child's path to mental illness.
https://www.youtube.com/watch?v=fl4Cy5qoZQA

July 24th

The Relationship Between Well-Being and Learning

This conversation relates well to the lecture that we had on Complex Trauma and the works of Dr. Stan Kutcher who would like to implement mental well-being into the Canadian curriculum. I found that the scientific evidence of brain development differences among people who have experience trauma very interesting and I wonder if the people who are "low positive effective," or people who feel less positive emotion, would have differences in their brain stimulation also. It is crucial to note that Seligman's perspective is focused on students' strengths. This was also related to strategies used for children who have experienced trauma. It seems like a natural thing to say but applying this perspective in a genuine way might be harder to apply in real practice. I appreciate all the research and all the conceptualizing of a student and talk about focusing on their strengths, but I wonder what implications this really has in the classroom. In our recommendations we focus mostly on a child's weaknesses in order to provide help and support for them

through interventions. By stating all these weaknesses are we not just perpetrating the negative thoughts?

This subject relates to me directly in 2 ways. One as a teacher who is trying to educate my students and I know that I am unable to do so without them being mentally well. Secondly it relates to my own personal mental well being and being able to learn now during my graduate studies. I agree with Seligman's perspective that positive psychology must be interwoven into all subject matters at school and not taught as an isolated concept. This makes complete sense if you were to analyze it in terms of real life outside of the classroom. You wouldn't want to only practice positive psychology in the morning and then forget about it by afternoon, it needs to be integrated into all aspects of the day whenever possible.

I find the relationship between positive thinking and life span very interesting and I think that it relates to the "Emotional First Aid" video in that we know that feeling lonely, which would be interpreted as a negative thought, and negative thoughts are related to negative health implications. I would like to try the strategy of writing down 3 things that went well at the end of each day. This seems like a nice tangible strategy to use in order to increase positive thinking. I don't see any downsides to teaching these strategies to children, other than the curriculum implications. There have been so many additions to the curriculum such as social emotional learning, sex education, physical activity, nutritional information and so on. It's not to say that these subjects are not important, they are of course important and essential information, but it just poses the question at what limit do we put these expectations on teachers to teach all of these aspects of positive child development. In the end it would be beneficial for your classroom to be "psychologically fit" and therefore priorities will continue to be shifted because as things become added, other things need to take less priority because these essential skills such as emotional coping mechanisms and positive psychology are deemed essential.

Seligman, Martin. Wellbeing before learning: Flourishing students, successful schools. https://www.youtube.com/watch?v=Rl8yX_8LVnc

July 26th 2015

The Dangers of Memory and the Work of Elizabeth Loftus

Elizabeth Loftus' work is related to some thoughts that I was wondering about when reading the accounts of traumatic events during the residential schools and during the Ann Jeddings readings. Loftus has disproved the theory of repressed memories because there is no scientific evidence to support these types of memories. Psychological studies have shown that it is virtually impossible to tell the difference between a real memory, and one that is a product of imagination. I think that it is fascinating that there were so many court cases where people were convicted based solely on one person's account of a repressed memory. I thought that memory was always interpreted as such a flexible and subjective thing. I think of this often as I think I would make a terrible witness. I often don't notice details about people and I think I have a terrible memory. I think that it would be very likely for my "memories" to be influenced by other things that I've been told or shown. Our memories are vulnerable to "post-event information" which I think everyone has experienced to some degree. When looking through an old photo album of your childhood, it is hard to determine if you have a memory of something or if it has been influenced by the stories people have told over the years.

"The more often the trauma occurred, the more likely it is that the trauma would be repressed." I think the interviewer brought up an interesting point when she mentioned that no one has seemed to repress the Holocaust. This is interesting because it points to another hole in the theory of being able to retrieve and repress memories. I wonder where this theory of being able to repress memories stems from and how did it catch on in the mainstream media?

The pro-social memory experiments to determine consequences of implanted memories proves that memories can be artificially created. During her research and experimentation, Loftus made people believe that they got sick when eating a particular food to see if they would avoid eating it in the future. Planting entire memories in the minds of people for things that didn't happen at all seems related to the principal of having positive thoughts. If she is able to implant a healthy memory in order to change thoughts into positive memories to change behaviour. "making you believe you had a memory that didn't actually happen."

The question of freedom of our own memory versus an obligation to society to remember in order to convict the perpetrator seems like a very relevant topic to the ethics of psychology. I find it surprising that people would not want to take a drug in order to block the foundation of a traumatic memory. If PTSD could be treated through erasing the event, they would most likely not take the drug. The psychotherapist's job would perhaps become obsolete if people were able to "cut out" painful memories from their lives.

Inside the Psychologist's Studio with Elizabeth Loftus
https://www.youtube.com/watch?v=2paYlRmWU7E

Loftus, E. (2002). The Dangers of Memory. In R. J. Sternberg (Ed.), *Psychologists defying the crowd – stories of those who battled the establishment and won*. Washington, DC: American Psychological Association.

July 28, 2015
Towards a New Understanding of Mental Illness

Early detection and early intervention is key in changing the outcomes of a physical illness. 90% of suicides are a result of a mental disorder early in life. Mental health disorders should be given as much significance as physical disorders as they are common, disabling and occur early on in life. Mental illnesses can be described as "the chronic disorders" of young people. It is interesting that the early signs of brain

development of mental illnesses such as schizophrenia are not being given significant

weight in comparison to behaviour. This seems like valuable information when we, as

school psychologists and educators, value the importance of early intervention. The fact

that there are changes in the brain far before there are changes in behaviour could have

serious implications for psychologists in the future. If the field of Neuroscience continues to

develop at such a rate that behaviours are no longer the determining factor in a mental

illness, then a psychologist may need to adapt in order to interpret information from brain

scans rather than focus primarily on behaviours.

Insel, Thomas
https://www.ted.com/talks/thomas_insel_toward_a_new_understanding_of_mental_illness

July 29th 2015

Cultures of the Internet: Identity, Community and Mental Health

There are quite discrepant opinions regarding the potential positives and potential

harms regarding the Internet. "For some, these changes promise an extraordinary

augmentation of human capacities, while for others, the invasion of the Internet portends

the loss of some of our most basic human qualities, values, and capacities." Both the

optimistic and the pessimistic accounts of the effects of the Internet recognize that its

implications for human knowledge and society are extensive.

One aspect of the Internet that I find particularly relevant at this time is the use of

the web for online distance learning, or Massive Open Online Courses (MOOC's). These

online courses allow for open access to education, without restrictions for financial reasons

or geographical restraints. Registration in one of these open online courses reached

160,000 people in one artificial intelligence course offered by Stanford.

(Liyanagunawardena, Adams, Williams, 2013). I think that these courses will greatly affect

the way that Universities will transmit information to the general public and those

interested in learning. I think that the field of psychology is adapting accordingly to the new

processes of transmitting information and partaking in new means for online education.

I wonder what kind of implications this movement away from direct human interaction and face-to-face contact can be having on the young learners that we work with as school psychologists. I wonder if this ability to hide one's true identity behind a screen leads to increased social problems. I could see that this lack of direct human interaction could have implications on social anxiety and social emotional regulation because you cannot control the behaviours of other people in the same way that you are able to control a virtual environment. I think that along with an apparent rise in this "epidemic" of ADHD, there is also a significant rise is social emotional regulation disorders and anxiety disorders. Perhaps this is because people and children are not interacting with the real world as often and remain instead "tethered" to their devices.

Kirmayer, L., Rahimi, S., Raikhel, E (2013). Cultures of the Internet: Identity, Community and Mental Health. Transcultural Psychiatry, 50(2) 165-191. Doi: 10.1177/1362461513490626

Liyanagunawardena, T., Adams, A., & Williams, S. (2013). MOOCs: A systematic study of the published literature 2008-2012. *The International Review Of Research In Open And Distributed Learning, 14*(3), 202-227. Retrieved from http://www.irrodl.org/index.php/irrodl/article/view/1455/2531

July 30th

Attention Deficit/Hyperactivity Disorder (ADHD)

The topic of ADHD has several strong associations with it. Parents are often defensive of the word even being mentioned, thinking that it is synonymous with medicating their child. It is definitely a childhood disorder that deserves some reflection however, due to its prevalence affecting 5% of the childhood population, (APA, 2000) and the fact that it is one of the most well researched, and validated childhood disorders. (Antshel, 2013). It is important to remain aware of the DSM criteria for ADHD and not become swayed by parents, teachers or administrators who are pressuring for a diagnosis. "By definition, inattentive and/or overactive and impulsive symptoms have to impair the

child's functioning in two or more domains to meet the criteria of the *Diagnostic and Statistical Manual of Mental Disorders* (4th edition, text revision; *DSM-IV-TR*). In children, educational, social, and family domains are often functionally impaired by ADHD symptoms (Antshel, 2013). I think that this is critical in the assessment process, as with any diagnosis, because it cannot be occurring only in the school system or only at home.

It is vital to note that as educator, and now being on my way to being a school psychologist, I have still not had any formal training that specifically teaches ADHD interventions. I haven been given strategies to use with students with ADHD in my classroom such as wiggle cushions and break strategies to name a few, but these ideas have been somewhat thrown at me, without a more global understanding of the areas of need and therefore the areas that interventions should be focusing on. I think it is one thing to allow a child to move around during instructional time, but it is another thing to teach a child how to plan, how to develop organizational skills and really focus on the areas of need while incorporating their strengths.

Antshel, K. M. (2013). Attention Deficit/Hyperactivity Disorder (ADHD). In W. O'Donohue & S. Lilienfeld (Eds.), *Case studies in clinical psychological science – bridging the gap from science to practice*. New York, NY: Oxford University Press.

APA. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision; *DSM-IV-TR)*. Washington, DC: American Psychiatric Association.

July 31st

Facilitating Mental Health Services in Schools: Universal, Selected, and Targeted Interventions

I chose to read this chapter because I feel that throughout this program up to this point there has been much emphasis on the conceptualization of a student, without much emphasis on the actual interventions that we are suggesting in our recommendations. The tiered model represents the usual distribution of a classroom with most children needing less intervention, and the smallest number of students needing the most support. "The

base can be conceptualized as broad mental health promotion and environmental enhancement programs. Children and adolescents who are at-risk for the development of emotional or behavioral disorders either due to familial or environmental conditions require more selective interventions, known as secondary prevention or targeted interventions for at-risk students." (Clements, et al, 2011). This brings me back to my ultimate question of what are we doing as school psychologists to help the implementation of these recommendations if the teacher to which they are being given to, is already implementing the basic preventative mental health strategies for the whole group. It is like the recommendations that are being made reflect an ideal situation that could often not reflect the real classroom situation. I am in agreement that teachers need to "buy-in" to incorporating mental health into the curriculum and I'm sure it could be met with resistance, as I'm sure that could be seen as being in competition with the academic curriculum. The fact is though that there cannot be any learning if there is not first a basis for mental health. If we look at learning through the mental health perspective, then it would be easier to give it more importance and devote more time and attention to teaching skills and strategies to foster positive mental health.

Clements, S., Christner, R.W., McLaughlin, A.L., & Bolton, J., (2011). Assessing student skills using process-oriented approaches. In T. Lionetti, E. Synder & R. Christner (Eds.), *A practical guide to building professional competencies in school psychology.* New York, NY: Springer.

August 1st 2015

Psychotherapy, Classism, And The Poor

I examine this topic through my own classist bias and class privilege while trying to be objective to other perspectives and aware of my own ignorance towards hardships of extreme poverty and the effects that it has on mental and physical health.

I think it would be safe to assume that most people do not wish to be poor, so therefore the argument that "therapists have no interest in being poor" is applying a global

concept to target one particular group. It is true however that if therapists and psychologists are considered to be middle class, then perhaps "despite social conscience, [therapists] do not seek to identify with the poor." Again, though I think that there would be the same finding if you were looking at other middle class professionals as well. I don't think that it is safe to group an entire social demographic into having the same needs, and same abilities to benefit from one particular treatment. Just as discussed during the discussion posts relating to the "where are the children?" website, people need to be considered first as individual human beings, and second in terms of what cultural and social systems they belong to. So while I don't want to say that I don't think poor people can benefit from psychotherapy, I think that people need to be considered as individuals when deciding what form of treatment would best fit their needs. It seems an obvious statement to me that "poor people are neither less interested in nor less able to benefit from the psychotherapeutic process than other demographic groups." (Smith, 2005). However, there would need to be a pre service education, just as there is for higher SES clients, in order to educate on potential outcomes in order to monitor expectations. Poor clients expectations of psychotherapy are not different than others from all different income levels, their ignorance of the effects of psychotherapy are just exaggerated because of the perceptions of the therapists. Thinking "that [poor people] tended to enter therapy expecting "immediate relief through magical advice" (Smith, 2005). There is also research to demonstrate that similar misconceptions are observed at all income levels and suggested that therapists' biases may lead them to overemphasize these misconceptions among poor clients. (Smith, 2005).

Smith, L. (2005). Psychotherapy, classism, and the poor: Conspicuous by their absence. *American Psychologist, 60*(7), 687-696.

August 3rd 2015

Xenophobia

I am not entirely certain about the difference between prejudice, discrimination and xenophobia other than the later referring more to an aspect of fear. In my own experience I would say that the fear would come from a lack of knowledge and the potential to insult someone accidentally by not being aware. I moved to teach at a different school this year where the population is extremely diverse, largely immigrant population with many refugee families as well. I arrived at my new school in with the perception that cultural differences were no big deal, as I had grown up in Vancouver and thought that I had become accustomed to different cultures. Well… I was wrong and was in no way prepared to deal with the many different cultural demands of all the students and families in my class. One grandfather was very upset that I had the children put their hands on their head to give me their attention. He compared it to a prison, brought in pictures of naked soldiers being forced to their knees with their hands on their heads and compared my classroom to a jail. I had never put much thought into this strategy for getting the kids attention before, only that I learned it from my sponsor teacher and it seemed appropriate for young learners to show me they're listening. After that first week in my new school, I was definitely looking at some of my practices from a different perspective. There were also restrictions about what holidays were celebrated and I had one child who would become extremely upset anytime someone mentioned Santa Claus. Another parent who thought that Western Education styles "bullied" children instead of "cherishing" them like they do "back home." I feel that as sensitive as I was prepared to be to all the different cultures in the classroom, inviting parents in to share food, stories, photos and traditions from their own countries, part of me felt a little bit bullied myself. I didn't want to feel bad for teaching Canadian celebrations, Canadian values, songs and traditions. I think that the hardest part of working in such a multicultural environment is the distrust for the education system which was coming from a History that I knew nothing about. While I have been educated on First Nations Histories

and am aware of where some of those negative associations might come from, I really had no idea about all the other Historical backgrounds from many of the families that I was working with and it turned out to be more of a challenge than what I was expecting. Language barriers were also slightly problematic and phoning home to inform a parent of a situation at school was not really possible unless there was an older sibling or someone at home who was able to translate for me. While I do not think that I have a fear or immigrants taking jobs and I appreciate the foreign investors influencing our real estate market as there is opportunity for profit there, I do have a whole new perspective on the challenges of working in a diverse environment. I can understand how "anti-immigrant sentiments are frequently accepted as justifiable because they are seen as based on the realistic concern of the host community (Yakushko, 2009).I think that what I learned from my first year at this particular school would be to do research, listen carefully and ask questions during the initial meeting and try to come to a mutual understanding of just wanting what is best for their child.

Yakushko, 0. (2009). Xenophobia: Understanding the roots and consequences of negative attitudes toward immigrants. *The Counseling Psychologist,* 37(1), 36-66.