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Our Mission

To promote joy of learning through rhythmic integrative movement and advocate for its recognition as the bedrock of learning

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Upheaval & Awakening Editor's Commentary

Valentines, February 14. That weekend eight Bal-A-Vis-X (BAVX) trainers and practitioners from AZ, CA, and NY conquered the steep streets of San Francisco to attend a *Learning & the Brain* conference. What a gift—the camaraderie, the collaboration, the content, the challenge. Headliners Drs. Bruce Perry, Dan Siegel, and Nadine Burke-Harris and a host of clinical psychologists, psychiatrists, and neuroscientists shared their experience and expertise on the mechanisms at work in trauma and maladaptive behavior. Collectively they validated the priority of social-emotional connection, the aftermath of failure to connect, and the struggled journey to reconnect. From our perspective, their work validates the mantra of BAVX—**connect first 1:1**. That truth is evident in Dr Siegel's concept of M-WE (the fusion of 'me & we')—**'the relational aspect with self, others, and all things.'**

But Mother Earth Shivered. Within a months' time shelter-in-place orders clamped down on populations to 'flatten the curve' of the coronavirus pandemic. To date she shed nearly a half million lives to Covid-19 – medical science, the medical community, and adherence to social restrictions preventing untold numbers more.

And Then George Floyd. Global protests continue to erupt with hundreds of thousands marching against the pandemic of institutionalized racial injustice and police brutality, taunting a second wave of Covid-19 victims. And in the face of protests, yet still more senseless use of deadly force, loss of life, and fathers taken from their families.

Human Connections – Making Them Is Crucial. Social-emotional well-being is crucial. Connections rooted in trust and integrity in our familial, religious, educational, political, and economic institutions is crucial to the survival of a just society. Amidst these global traumas we yearn for normalcy, to reconnect. Students bereft of any certainty in their education yearn for normalcy, to reconnect. But normalcy cloaks the terror that families and communities of color suffer at the hands of bigots behind a shield. As students return to school, how we address these dual pandemics will reveal our commitment to them and to social justice. How do we teach our students to reconnect?—to trust? What we teach now—beyond our usual subject matter—really matters.

Oh, when will M-WE ever learn? Perhaps soon, and very soon.





Seeing Children Through a Polyvagal Lens

By Dr Mona Delahooke (excerpted with permission)
psychotherapynetwork.org, January/February 2020.

First, a few definitions.

Polyvagal Theory. (Poly = many + Vagal = Vagus Nerve Interconnections). The Polyvagal Theory posits that the vagus nerve is interconnected with, and sensitive to, influences that flow from the body toward the brain—also known as the social engagement system.

Autonomic Nervous System (ANS). The ANS is responsible for control of body functions not consciously directed—breathing, heartbeat, digestive processes. Functions are reflexive. For example, we are not aware that during activity, or when our heart beats faster, our blood vessels dilate.

Neuroception—How neural circuits within the ANS distinguish whether situations or people are safe, dangerous, or life threatening. This system evaluates risk outside of our awareness. Depending on personal experience, a stimulus might be safe for one person but lethal for another. An over-active system can falsely sense a stimulus as a threat, which explains why a baby coos at a caregiver but cries at a stranger, or why a toddler enjoys a parent's embrace but views a stranger's hug as an assault. Responses are instinctual—not in one's control, and with trauma, can be triggered by scent, sound, sight, or sensation of touch.

Paradigm Shift. When a child doesn't respond well to the reward system, offering incentives like stickers, toys, or even social approval doesn't always help. Why? Because on a basic biological level, behaviors reflect subconscious perceptions of safety and threat that are constantly in play through the actions of our autonomic nervous system (ANS).

Neuroscientist Stephen Porges, bases his Polyvagal Theory on the fact that humans come hardwired to avoid threat and seek physiological safety by connecting with others.

From the moment we're born, our nervous systems are constantly searching for signs that it's safe to connect. When we cannot connect to reduce our neuroception of threat, we experience stress responses, often in the form of behavioral challenges.

Unfortunately, many educators are unaware of the powerful force that the ANS exerts on behaviors, so they rely on the binary notion that behaviors are either compliant or noncompliant. This paradigm views behaviors as motivated by incentives, rather than instinctual and seeking safety.

Beyond the Dots—Case in Point. 5-year-old Colwyn first came to my office suffering from stomachaches that his pediatrician suspected stemmed from anxiety. He experienced a rough start adjusting to kindergarten. When expected to sit still and focus for long stretches, he would instead routinely wander around the classroom, pulling out toys or otherwise disrupting the class.

His teacher's behavior management system consisted of green, yellow, and red dots affixed next to each child's name on a board that hung on the classroom wall. Each week, the children who accrued mostly green dots next to their names were rewarded with prizes.

Colwyn wanted the special prizes, but no matter how hard he tried, his disruptive behaviors earned him dreaded red dots. **Far from teaching or motivating him, this method caused him additional stress.** Within weeks, he started crying and screaming before leaving the house in the morning, eventually refusing to go to school.

His teacher wasn't intentionally trying to cause him stress; she had the best intentions to motivate him toward good behavior. So what happened? Many traditional approaches assume that all children's problematic behaviors are deliberate, leading adults to react by issuing consequences for their *choice* to misbehave. What we now know is that emotional and behavioral control is a developmental process, and many vulnerable children and teens require years to develop that ability.



Polyvagal Theory (cont'd)

Bottom Up/Top Down Behaviors. Rather than focus on eliminating challenging behaviors, learn to appreciate and understand the adaptive purposes they serve for each child— behaviors have meaning. **Porges' Polyvagal Theory provided the neuroscientific rationale for embracing relational safety as central to human emotional regulation and behavioral control.**

I began with Colwyn's teacher and parents by explaining the difference between bottom-up and top-down behaviors. **Bottom-up behaviors are driven by an instinct for safety and survival.** Not until early toddlerhood do children even begin to develop top-down, deliberate control over their emotions and behaviors. **Top-down control is a developmental process that differs for each child.** Colwyn wasn't close to having control over his emotions and behaviors, and that's why the dot chart didn't work for him—no matter how much he wanted the teacher's cupcakes and homemade playdough.

My job was to help the adults in Colwyn's life embrace a more developmental understanding of his social-emotional development and its impact on his lack of behavioral control. Instead of seeing a little boy exhibiting *bad behaviors*, I saw a child exhibiting *stress behaviors*, adaptations of his ANS working valiantly to help him feel safe. His disruptive behaviors were his body's way of managing his neuroception of threat and trying to feel safe. The sticker chart was ineffective because every time he got another red dot, his stress increased, causing the emotional outbursts. In other words, these were bottom-up behaviors, not the result of his poor choices. Colwyn's neurobiological capacity for self-control wasn't mature yet. Rather than punishments or rewards, he needed emotional support via cues of safety communicated by caring adults. If his nervous system felt safe, his anxiety would decrease, and his external behaviors would reflect this emerging sense of inner calm.

An evaluation of Colwyn revealed that he was particularly sensitive to tone of voice and facial

expressions. Most children, in fact, respond favorably to the cues of safety that adults project when they feel calm and in control. In other words, our *selves* is the most important tool in addressing children's behavior, particularly since children sense when adults feel anxious or stressed.

A New Approach

Once Colwyn's teacher understood that he wasn't making poor choices but rather adapting to feeling physiologically overwhelmed in the classroom, we devised a new plan. Colwyn wasn't the only child whose developmental level made the color-coded chart an ineffective system, so she stopped using it. Instead, as soon as she noticed Colwyn start to bite at his fingers, anxiously scan the room, or rock in his chair—clear signs that he was moving out of a calm state and needed relational support—she'd welcome him to sit by her or bounce on an exercise ball that his parents bought for the classroom. His teacher understood that what he really needed was a shift in how she interacted with him. And since she had a room full of other students to interact with as well, she requested a warm and engaging classroom aide who could provide the same cues of safety to each student in the classroom, so everyone benefitted.

Over time, we transformed what had begun as a stressful kindergarten foray for Colwyn into a successful year. Without abdicating control, his teachers and parents shifted from *managing* his behaviors to truly *understanding* and working with them from a neurodevelopmental perspective.

We can learn to appreciate that what some may see as 'problematic' behaviors can actually teach us a lot about what children need from relationships and from the environment. When we shift our lens from viewing behaviors as either compliant or noncompliant to seeing them as adaptations, a whole new paradigm for supporting children's behavioral challenges opens up.

Mona Delahooke, PhD, is the author of Beyond Behaviors: Using Brain Science and Compassion to Understand and Solve Children's Behavioral Challenges.



Trauma Informed Bal-A-Vis-X (TIB)

By Bill Hubert, BAVX Founder

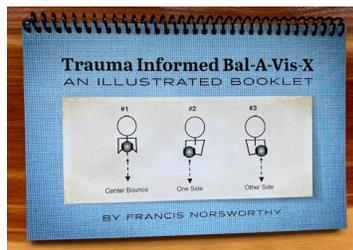
TIB is a compilation of movement exercises and patterns designed to address toxic stress, including PTSD, in terms of Dr Bruce Perry's Neurosequential Model of Education (NME) *as I understand it*.

NME is a developmentally-informed approach to working with at-risk children. One goal is to identify key strengths and apply interventions (educational, enrichment and therapeutic) in a way that will help family, educators, therapists and related professionals best meet the needs of the child. -www.neurosequential.com

Although TIB's creation focuses on children, these exercises and patterns equally benefit adults. I use the term *Trauma Informed* to distinguish the content from regular BAVX which serves many purposes, often simultaneously. Only one purpose animates (*informs*) TIB: to bring about self-induced and self-monitored mindfulness in measures of gradually increasing duration.

My hope is that these few exercises and patterns can be *self-learned*. My goal is to provide clear instructions so that teachers, social workers, therapists, and parents can then teach these techniques, 1:1, to victims of childhood trauma in their homes or offices. Given the strange conditions we now live in, *parents teaching their children at home is crucially important*.

For more information on TIB or to find a qualified trainer go to bal-a-vis-x.com.



Carseat May Impede Developmental Progress

Since taking a workshop with you a few years ago, I have sadly observed how the 'bucket' carseat morphed into an all-purpose click-in stroller. So often babies go from car to stroller without being removed from the portable seat, to then being left there while parents visit the mall or run errands, or

go to appointments—sometimes stuck in the seat for hours at a time. The recommendation in the UK is maximum 20 minutes, unless traveling.

Here in Canada, parents have not been educated to take the child out of the carseat and placed either in a pram, proper stroller, or sling. They often tell me they are given no warning about the possible harm to long-term development that carseats may present on all the incredible movement milestones in the first months and years of a child's life, including eye hand coordination and learning development in later years.

—Name on File

Bill's Response: We see the effects of prolonged use of carseats regularly in pre-school children's tracking inabilities. The wings on the seats channel vision straight ahead. Children see neither passing countryside nor urban ambience in a vehicle. Nor do they benefit, in terms of visual stimulation, from the hundreds of multi-colored boxes and cans on grocery shelves during shopping. Their vision is channeled toward the adult pushing the cart.

As for damage done to core and trunk development, I can only speculate. But surely the extended time spent without space and opportunity to be on the stomach to move, reach, lift head must negatively affect head-righting strength and practice in the child's progressive development. Assuredly this weakness, in turn, must affect future posture and vestibular dynamics.

'All the MAGIC Happens on the FLOOR!'

- Builds Balance
- Builds Neck & Back Muscles
- Strengthens Visual Tracking
- Strengthens the Spine
- Strengthens Arms & Wrists
- Builds Flexor Muscles
- Builds Core Strength
- Helps Discover How Gravity Feels

@mommyacademy

Bal-A-Vis-X: Balance, Auditory, Vision eXercises provides 1,000s of rhythmic midline crossings that enable the mind-body system to experience a state of integration, or flow. For training information contact Bill Hubert at: Bill@bal-a-vis-x.com

A: Foundation—17 hrs. Fundamental principles, rhythms, patterns. Modifications for special needs & elderly.

B: Intermediate—20 hrs. A + intermediate exercises + Dominance Profile.

C: Complete BAVX—24 hrs. A/B + advanced individual/partner/group exercises + academic layering.

TIB—8 hrs: Trauma-Informed Bal-A-Vis-X.

A,B,C refers to length & content of trainings. You may take any training in any order.

Snapshots at jasonlove.com



I'm going back to my computer where they include me in the conversation.

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