My interest in the special education classroom environment runs deep. In 2007, my family adopted our son from the foster care system. Chaz experienced unimaginable birth trauma, followed by developmental delays and numerous medical interventions. As early as age three, he was assigned to a special education pre-school classroom and required an aide to help control his behavior and keep other children safe. While he made amazing progress with his physical medical conditions, the cognitive and behavioral consequences of his birth trauma continued to impact his chances to have a normal life. He was routinely expelled from schools, summer camps, sports teams and youth church activities.

By third grade, he was given a formal special education diagnosis of emotional disturbance (ED) and was placed in a restricted school environment for children with extreme behavioral challenges. As I conducted research to learn more about this diagnosis, my concerns for his future continued to grow. Research shows that children receiving special education services for ED typically experience bleak outcomes including high rates of school expulsion and future incarceration, low academic achievement and poor emotional connections to families and mentors.¹ This was certainly not the future I wanted to envision for my son.

As a professional educator, energy therapist and holistic healing practitioner, I used every tool at my disposal at the time to help Chaz thrive and overcome the odds that were stacked against him since birth. He never showed the same violent behaviors with me that he displayed with most of his teachers and caregivers. When I examined the difference between the environments where Chaz struggled and environments where he thrived and required little to no behavioral support, I noticed that it mostly depended on how much the adult in charge genuinely cared for him and how skilled they were at managing classroom behavior. Most teachers have a fear of students’ difficult behaviors and perceive a loss of classroom control, leading to the type of punitive discipline children like my son often face. This is especially true when any kind of bias exists in the teacher’s perception of the child (racial, gender, etc.).

Most teachers have not been trained to look at students with ED through the lens of seeing aggressive behaviors as a child’s natural physiological response to trauma. Instead, many see a child who is innately driven toward criminal or sociopathic behavior and punish accordingly.² Yet, studies show that 75% percent of youth with an ED diagnosis have suffered significant trauma, abuse or neglect.³ As a parent, educator and energy therapist, this data forced me to ask the question: What would happen if we took a

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holistic approach to preparing teachers to work positively with students with emotional disturbance in special education classrooms? What if special education teachers, and general education teachers as well, focused more attention on helping children heal than on forcing them to behave?

**Introducing Special Education Teachers to Mindfulness Meditation**

After several years of providing energy therapy for children in private practice, I accepted a position as a clinical professor in the LaFetra College of Education at the University of La Verne. It was there that I had the opportunity to explore the question of whether holistic practices such as energy therapy and mindfulness meditation could be used to equip classroom teachers with tools they could use to create healing-centered learning environments for children, especially those with significant behavior challenges who have experienced trauma. My placement in the special education department granted me the opportunity to train teachers who are earning a master’s degree in special education. None of the them had ever practiced mindfulness or meditation prior to my course. In fact, more than half of my class was skeptical, questioning whether mindfulness and energy work were anything more than a “hippy pastime,” as one of my students joked.

Over the course of several weeks, I introduced the teachers to the work of Daniel Siegel, Louis Cozolino, Kirke Olson and other leading researchers who explore the connection between neurobiology, mindfulness and relationships in the classroom. I exposed them to Stephen Porges’ polyvagal nerve theory and helped them explore the way the autonomic nervous system is affected by trauma and toxic stress, and the impact this has on a child’s ability to learn, self-regulate behavior or engage in attached relationships. Finally, I introduced them to the work of Jon Kabat-Zinn and the extensive research that has been conducted on his Mindfulness-Based Stress Reduction program. They were blown away by the number of studies that show how effective mindfulness practices are for increasing self-regulation, cooperation and focus for learning, while reducing stress, anxiety, aggression and other anti-social behaviors. They were also introduced to studies that reveal how a teacher’s own commitment to mindfulness practice increases teacher well-being, reduces burnout, decreases bias and improves the teacher-student relationship — all of which have positive benefits for students, especially those with special needs.3,4

After exploring the research in depth, my teachers were willing to learn a mindfulness practice I developed, which involves visualizing the autonomic nervous system to activate the ventral vagus nerve (which is responsible for helping us achieve a state a healing, focus and relaxed engagement). The teachers committed to journaling their experience for 21 consecutive days, which some say is the amount of time it takes to solidify a new habit. They were required to adopt a personal mindfulness practice, in addition to leading a 5-minute mindfulness practice in their own classroom each day.

Within one week, teachers began to report significant reductions in their own stress levels, finding that classroom behaviors that used to send them over the roof no longer had the same effect on them. Most of them were shocked to find that they had 100% buy-in from their special education students within the first four days of introducing the practice. Students reported loving the feeling of peace, calm and safety in the classroom.
I introduced teachers to additional Energy Medicine strategies including the use of music therapy and aromatherapy in the classroom (bergamont, geranium, clary sage and other oils that support the nervous system), which the children loved. By the end of the 21-day practice, 90% of my teachers reported that they had found effective strategies to support student behavior with mindfulness meditation and breathing exercises, and had either significantly reduced or completely eliminated their reliance on punitive discipline in the classroom. Several parents, noticing the change in their children’s behavior, contacted the teachers and asked to be taught the mindfulness practice so they could use it at home. On days when teachers forgot to lead the practice, students interrupted class instruction and begged their teachers to maintain the routine. One child wrote a note to her teacher stating, “Thank you for teaching me how to feel safe inside myself.”

**Toward a Model of Healing-Centered Learning Environments**

Today, my passion is squarely focused on bridging the gap between science and spirituality, and creating a sacred secular model of care for all children, particularly those with special needs. Professionals who study the field of Energy Medicine understand the energetic impact adults have on children, who attempt to regulate their nervous systems and energy fields based on the state of the adults around them.

When we, as child-serving professionals, practice mindfulness and energetic self-care, we put ourselves in the best position to establish and maintain healing-centered environments in which our most vulnerable children can heal and thrive. As Jill Bolte Taylor states, we adults must take responsibility for the energy we bring into the spaces we occupy and lead. Our work is not so much about trying to fix or control children with special needs, it is about creating spaces where healing, transformation and growth can occur. We can help children begin to heal by the very nature of our own mindful beingness. That is very powerful, and very inexpensive medicine!

**References:**