

*Dissertation:*

**Intervention study at the Lindevangskolen, Frederiksberg, from 1st of May 2011 to 1<sup>st</sup> of December 2011**  
**New and thorough effort for children with difficulties in the period of 1<sup>st</sup> July 2011 to 1<sup>st</sup> November 2011**

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### **The goal**

The goal of the study was to uncover whether an interdisciplinary effort could bring the children to function and thrive at a higher level, thus improving their learning ability.

### **The methods**

The basis of the study was focusing and working on the causes of the students' issues as well as examining their development potential. The methods used were restoration of the nervous system, brain and emotional life through training, education and a supportive daily environment.

#### **The interdisciplinary effort consisted of:**

- Daily training of sensory-motor skills and sight with the purpose of creating new connections between the areas of and cells in the brain and thus optimize the basis for cognitive development and bodily/mental rest, resulting in better learning through improved memory and attention span as well as lessening impulsiveness. Furthermore the emotional aspect was handled by strengthening the children's relations, especially to their parents, in order to further optimize the neurological development.
- A creative process with contact to the unconscious mind so as to achieve strength, insight and increased self-esteem in the individual student.
- Individual meetings with parents with the purpose of bringing into focus the connection between the children's challenges and their backgrounds as well as their conditions of life and from this, discuss optimal conditions for both a safe and stimulating everyday life in a loving and secure environment. The parents were made aware of developmental possibilities and the children's neurological and emotional state and needs. Through this the parents were encouraged to take responsibility for sensory motor stimulation and they gained a deeper understanding of what expectations their children could meet.
- Cooperation with teachers on introducing sensory-motor stimulation as a part of the everyday procedures in school and also encouraging conversation with the children concerning their difficulties and improvements.
- We had the overarching goal to give parents and teachers a thorough understanding of each child's deepest needs, accepting all individualities.

Since we were dealing with special-needs classes we assumed an acknowledging form of special education was already in use and a close cooperation between the students' homes and the school was in place prior to the study.

#### **Data on the effort was gathered through:**

- Questionnaires filled out by teachers and parents at the beginning and conclusion of the study.
- Questionnaires from conversations with students conducted by teacher at the beginning and conclusion of the study.
- Sensory-motor test reports made at the beginning and conclusion of the study.
- Statistics on the children's level of functioning, thriving and learning created using the aforementioned methods.

## Course of the study

Described in separate timetable available for requisition

## Success criteria and gain

The success criteria was that the effort could contribute to significantly improve the children's well-being, functioning and learning, registered by a description of the individual students' sensory-motor, learning and interplay related function levels.

The gain would be happier children with improved well-being and with greater learning potential and therefore in less need of special care.

## Project leader

Special Consultant Jonna Jepsen, Rafael Centeret.

## Project group

Project Manager Jonna Jepsen, Motor Skills Supervisor Lene Knudsen, Optometrist Pia Schackinger Christensen and Psychotherapist (MPF) Birte Glud.

Related persons of note: the Lindevangskolen's special care teachers Kathe Pedersen, Kristian Thorup, Mie Lorentzen and staff from the after school club for special need children (the A-group) by Christian Nielsen.

The head of teaching Helle R. Frederiksen participated in the introductory phase and has been kept informed during the proces.

## Definition of the group of children

The group consisted of 2 special needs classes from the school Lindevangskolen in Frederiksberg (Copenhagen, Denmark) made up of 13 students in total between ages 6-9 although the dominant age was 7.

Gender distribution: 3 girls, 10 boys. One girl however, had to be omitted from the study due to declining resources in her home.

The children's gestational age was distributed as such: week 27:1, week 38-39:5, week 40:1, week 41:2, week 42:3.

The birth weight was: 1 under 1.500 gr., 1 at 2.500 gr., 4 at 3.000-3.500 gr., 2 at 3.500-4.000 gr. and 4 at over 4.000 gr.

At the beginning of the study 4 children had an ADD diagnosis, 2 an asthma diagnosis, 1 an epilepsy diagnosis and 2 had diagnoses regarding emotional and psycho-social difficulties. Apart from this 1 child had club foot and 1 had light cerebral paresis.

Arousal level: 6 high, 2 low, 2 normal, 1 normal/high, 1 normal/low.

## Traumatisation from pre-, neo- og postnatale conditions

All children but one has had difficult conditions in these areas. For some it has been pregnancy problems. Some have had difficult births while others have been subjected to an overwhelming amount of examinations and treatments. For others there has been heavy emotional stress and trauma.

## Description of family relations

There was a considerable diversity in family relations but most of the children experienced strain in the family. Examples include: divorce, division between nationalities, strained relations between the divorced parents, mental illness, death, threats, and witnessing violence. But there were also resourceful parents with excess energy. Common for all was that they made a great effort for their children within their options and limits. All children were given much attention by their parents. Some children though, lacked secure conditions and clear rules within the home.

# Dissertation

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## Parent consultations and co-operation

At the beginning of the study the project manager consulted the parents of every child. These consultations lasted 2-4 hours and their purpose was to address the connection between the children's challenges and their backgrounds as well as their conditions of living. All relations in each child's life was discussed including: pregnancy/birth/post birth events, possible hospitalisation, diet, eating, sleep, attachment, relations, family relations, sensory-motor/physical development, stress threshold, behaviour, well-being in school and last but not least qualifications and developmental possibilities.

It was an important element of the consultations to pass on experience regarding how children with the described difficulties can be helped substantially and lastingly through a holistic intervention consisting of: involving, supportive teaching encouraging development, safe/close relations to primary adults, focused and individual sensory-motor stimulation in everyday life, healthy diet as well as the opportunity to work with any existing trauma. Furthermore, cranio-sacral therapy was mentioned and described as an effective supplement.

It turned out that an extra effort to introduce the new view on development of the children to the parents was required in the majority of the cases. 1 case was unsuccessful and a few only partly successful. Regarding the majority of parents however, it succeeded. This means that the differences in effort invested in the study by parents were considerable.

## Special teaching practiced at the school

The A-groups' values build upon well-being, unity and professional competence.

The special teaching effort in school and in the after school club consists of differentiated tuition with respect for the individual, an involving and empathic approach to the children, secure conditions and clear communication as well as plenty of opportunity for creativity.

Methods like chess and role-playing are used.

The classrooms of the groups are organised with a large table in the centre. Individual student tables with appurtenant bookcases are placed along the walls. Thus each student has a little "office" in the classroom. Organisation of the classroom depends on the specific needs of each group.

The large common table can be used as the group is small. It gives a good opportunity of strengthening the community. At the same time the "offices" give the opportunity of preoccupation and of meeting the needs of each individual student.

The teachers push towards a close co-operation with the parents.

The staff of the after school club has a close co-operation with the teachers and the staff participates the school lessons and activities.

In the after school club the students can choose which activities they wish to take part in. Among many other things they can choose between sports, chess, music, computers, art work and cooking.

Twice a week the after school club arranges for excursions to for example the swimming bath, the woods, a playground or other places.

## Sensory-motor training – frequency

At the beginning and the conclusion of the study all children had their senses and motor control tested, including the sight related motor control.

The results are described in detail in the schemes below.

The sensory-motor training was begun by the parents around the 1<sup>st</sup> of July 2011 and by the teachers on the 15<sup>th</sup> of August 2011.

As a collective group the children had significant sensory-motor dysfunctions. After the first sensory-motor test at the beginning of the study most of the families have been training on a daily basis and during the whole period. Most families have trained frequently – only a few have trained very limited, and also a few have trained optimally. The teachers have trained with the children each day at school (described in the scheme below).

In general training of the sight-related motor control has been practised in a very light rank, and the time available has far from been enough to call it a true sight-motor training course.

By continued training the children can have their learning abilities stimulated and strengthened further.

<b>Training frequency at school - collective group</b>	<b>Minutes per day</b>
Vestibular sense	5
Tactile sense	5
Stretching of hocks muscles	2
Eye-hand coordinating exercises	15
Sight interpreting exercises	0
Under ball (eyes' interaction)	0
Other	5

<b>Training frequency at home</b>	<b>Number of children allocated at time intervals</b>					
<b>Minutes</b>	<b>2-4</b>	<b>5-9</b>	<b>10-15</b>	<b>15-30</b>	<b>A few</b>	<b>None</b>
Vestibular sense	0	3	3	2	2	1
Tactile sense	2	2	4	2	2	0
Stretching of hocks muscles	2	2	1	0	2	2
Eye-hand coordinating exercises	0	1	4	1	4	2
Sight interpreting exercises	3	2	1	0	2	5
Under ball (eyes' interaction)	1	3	1	0	2	4
Other	0	1	2	2	1	0

### **Creative processes practiced in a dream theme**

The dream theme was practised in a period of 7 school days, 90 minutes each day. Psychotherapist and drawing therapist Birte Glud was the team leader and Project Manager Jonna Jepsen participated.

The children were segmented into 4 groups of 3-4. There was 1 teacher in each group. The task of the adults was to set frames for the activities and to be almost passive witnesses and supporters for the children in their creative processes.

At the beginning all children were given a personal box of high quality crayons. High quality paper in the size of A1 had been purchased. All drawing activities were executed sitting on the floor.

On the first day all children crayoned a tree and a free motive. For the next two days they crayoned their dreams, either nightly dreams during sleep or dreams about something they could wish for in their life. On the fourth day the children crayoned dreams, free motives and trees.

On the fifth and sixth day they formed figures in red clay. On the seventh and last day the children crayoned dreams and free motives and the theme was ended with a fairytale about the children, created and told by Birte Glud.

On the first days many symbols of the children's tough emotional baggage were crayoned. The man with the scythe was crayoned by several children and there were faces with horror, pain and screams. Teachers, team leader and project manager supported the children carefully throughout these processes and further to a phase, where the motives were positive and beautiful. E.g. flowers, suns, animals and happy people/families.

The theme course had a significant importance of the children's inner condition. By the creative processes, crayoning and forming clay the children went very deep down into their unconscious emotional life and burdensome feelings were lifted off their shoulders.

During the process one child got aware of the fact that he never finished anything, and in the end he succeeded with that. The impact on the child was that he learned to be present and finish activities.

Another child was not able to crayon at all when the study started. Afterwards he not even crayoned but also enjoyed it. And he no longer had breakdowns at school as well as he had gained a higher limit of frustration and has become more flexible in general.

After the course two of the children had become very good at preoccupation and accepting faults that they make.

Collectively the whole group of children showed more calmness and a higher stress threshold.

## Results

The test results of the sensory-motor control showed a significant improvement in general. At start all 12 children showed an unstable kinetic sense, and at the end of the study it had been reduced to 5 children. Reduced fine-motor-skill function was found in 9 children at start and 2 children at end. Symmetric tonic neck reflex was not integrated in 10 children at start and one child at end. Cross-body movements were not integrated in 10 children at start and in 3 children at end. Arrhythmic crawl was seen in all 12 children at start and in 2 children at end. Impeded running skills were found in 11 children at start and 2 children at end (1 child with club feet did not have the prerequisites for improvement). Overreacting tactile sense was seen in 8 children at start and 2 children at end. Over- or under reacting vestibular sense (balance) was found in all 12 children at start and in 2 children at end. The 3D-sight was reduced in 8 children at start and 4 children at end. In all 4 it was only slightly reduced at end. Impeded eye movements were seen in 11 children at start and 3 children at end.

Also at the cognitive area significant improvement was seen. Severely impeded attention skills were found in 8 children at start and 3 children at end. Significant reduced concentration skills were found in 8 children at start and 2 children at end. Learning skills were considerably reduced in 5 children at start and 1 child at end. The ability of solving problems was essentially reduced in 5 children at start and 2 children at end. Reasoning skills were considerably reduced in 6 children at start and 2 children at end. Difficulties in impulse control were thorough in 9 children at start and 2 at end.

In the emotional area was seen a significant low stress threshold in 8 children at start and 0 children at end. By then it had been reduced to medium and in 1 child to high. Frequent rituals were perpetrated by 4 children at start and 0 children at end. Very poor ability of establishing friendships was seen in 4 children at start and 0 children at end. Troubled and unstable sleep and nightmares were seen in 5 children at start and 0 children at end. Extraordinary strong reactions many times a day were seen in 10 children at start and 0 children at end. An extraordinary urge for getting attention was seen in 7 children at start and 0 children at end. By then it was reduced to a level a bit beyond average. Reduced skills of showing consideration for others were seen in 5 children at start and 1 child at end. Rare or only occasional occurrence of loving behaviour was seen in 6 children at start and in 1 child at end. At start 1 child had a epilepsy diagnosis but no longer at end.

In the area of social and personal competences and well-being the positive results were also reflected. Seeking boundaries to a considerable extend was seen in 8 children at start and 2 children at end. A considerably urge for being in control and make the decisions was seen in 7 children at start and 1 child at end. Rare/average accept of demands from adults was seen in 10 children at start and 2 children at end. The remainder 8 did always accept at the end of the study. Very weak sense of responsibility was seen in 5 children at start and 1 child at end. Severely low ability of solving conflicts was seen in 7 children at start and 0 children at end. Poor or average social well-being was seen in 9 children at start and 3 children at end, of this 2 average and 1 poor. Poor personal well-being was seen in 8 children at start and 2 children at end.

### Summarized results for senses and motor skills incl. sight-related competences

	Number of children at start	Number of children at end	
Kinetic sense, unstable	12	5	
Fine-motor-skills, much reduced	9	2	
Muscle tonus, low + hyper mobility	9	6	
Symmetric tonic neck reflex, not integrated	10	1	
Cross-body movements, not integrated	10	3	
Hocks muscles, shortened	11	5	
Crawl, arrhythmic	12	2	
Running skills, impeded	11	2	1 child with club feet
Tactile sense, over reacting	8	2	
Vestibular sense, over- or under reacting	12	2	
3D-sight, impeded	8	4	The 4 only slightly reduced at end
Eye movements, impeded	11	3	

### Summarized results for the cognitive fundament

	Number of children at start	Number of children at end	
Attention deficit	8	3	
Concentration deficit	8	2	
Learning ability, reduced	5	1	
Ability of solving problems, reduced	5	2	
Reasoning skills, reduced	6	2	
Difficulties in impulse control	9	2	

### Summarized results for the emotional fundament

	Number of children at start	Number of children at end	
Stress threshold, low	8	0	Medium at end of study
Rituals, frequent	4	0	None at end of study
Safety/confidence, poor or average	8	1	
Ability of establishing friendships, poor	4	0	
Sleep, troubled and unstable, nightmares	5	0	
Strong reactions, extraordinary	10	0	
Urge for getting attention, extraordinary	7	0	Slightly over average at end
Skills of showing consideration for others, impeded	5	0	
Comforts others when needed, never	5	1	
Loving behaviour, rarely or only occasionally	6	1	

### Summarized results for social competences, personal skills, behaviour, well-being

	Number of children at start	Number of children at end	
Seeking boundaries to a considerable extend	8	2	
Urge for being in lead/make decisions, considerably	7	1	
Accept of demands from adults, rarely or average	10	2	Remainder 8 allways at end
Sense of responsibility, very weak	5	1	
Ability of solving conflicts, severely low	7	0	
Social well-being, poor or average	9	3	
Personal well-being, poor	8	2	

## Conclusion

The interventional part of the study was perpetrated in a period of 4 months. Because of this time limit it was not possible to gain 100 % thoroughgoing, persistent improvements in well-being, functional level and learning ability. Nevertheless the detailed results show that thorough positive changes have been gained for all children participating.

The divergent training effort in the families was distinctly reflected in the results. The few children/parents who had almost not been training had not obtained a significant progress. The reason why a small progress even so was seen in those children's well-being was, that they had been training at school and that they had experienced more attention and efforts from adults to meet their special needs.

However, the significant improvement of the children's well-being, functional level and learning ability is not only due to the training effort, but also to the creative processes in the dream theme, which started a process of self-knowledge and emotional liberation for the children, together with parents', teachers' and club staff's deepened consciousness of the children's emotional condition and neurological function level.

To an even higher extend the children had experienced being seen, met and complied with the difficulties and challenges, that each of them were struggling with. And to a more considerable extend the approach to the children was left by a stamp of development and progress.

The teachers' and club staff's effort has had a considerable influence. Both groups have supported the study and have integrated the components of the study in the everyday life at school as a supplement to their already practised special teaching.

If the children and parents are continuing training after the end of the study period, and if the children continuously will have the possibility of being supported in their process of self-knowledge and creative emotional liberation, even better results can be obtained.

## Perspectives

We have recommended the teachers and club staff to continue working with the creative processes and to talk with the children about their challenges. We have co-operated with the psycho-motor therapist employed at the school in terms of continuing and developing the stimulation of the senses and motor control as a joined event in the class rooms. That regards all children in the A segment, which represents children with special needs.

During the study period it appeared that teachers and parents in many ways had remarkable differently perceptions of situations, challenges and resources. Therefore, we have requested the school to use the consultation- and assessment schemes used in the study in terms of optimizing the co-operation between the school and the parents and thereby obtain a higher extend of consensus and common goals.

It is our wish to supplement the study with a part 2 focusing on stress releasing treatment for parents, guidance to parents in their homes, individual psychotherapy for the children and nutrition.

Based on the study the project group has developed a concept so that other schools and after school clubs now have the possibility of deriving benefit of the extraordinary fine results of the study.

Please contact Project Manager Jonna Jepsen for further information. Phone: +45 7020 1509. Mail: [jonna@rafaelcenteret.dk](mailto:jonna@rafaelcenteret.dk)

## Promotion of experiences and results

On the basis of the study a documentary was created: "Four Letters Apart – Children in the age of ADHD".

It has been shown in Danish, Norwegian and Swedish television and is available as DVD in a 90 minutes version:

<http://www.rafaelcenteret.dk/documentary-four-letters-apart-children-in-the-age-of-adhd/>

The film has won several international documentary film prizes. Furthermore a Danish book thoroughly describing the philosophy and methods behind the study has been released in August 2014. The documentary DVD is being sold together with the book.



## The Lindevangskolen, 2 special classes

### Group of children in statistic terms

Class A	Age Aug 2011 Years/months	GA	BW	Height May 2011	Height Nov 2011	Growth cm	Weight May 2011	Weight Nov 2011	Growth kg	Arousal level
Child A	7.9	27	1.200 gr.	121.6 cm	127.0 cm	5.4 cm	21.8 kg	23.4 kg	+1.6 kg	High
Child B	7.9	40	2.500 gr.	126.0 cm	128.4 cm	2.4 cm	22.7 kg	24.3 kg	+1.6 kg	High
Child C	7.3	42	3.850 gr.	125.2 cm	129.5 cm	4.3 cm	30.7 kg	33.1 kg	+2.4 kg	High
Child D	7.2	39	4.000 gr.	123.2 cm	129.5 cm	6.3 cm	22.5 kg	25.1 kg	+2.6 kg	Average ↑
Child E	7.8	42	4.100 gr.	134.0 cm	135.5 cm	1.5 cm	32.3 kg	34.4 kg	+2.1 kg	Average
Child F	6.11	40+5	3.804 gr.	127.0 cm	127.0 cm	0.0 cm	-----	30.8 kg	??	High
<b>Class B</b>										
Child G	8.0	38+6	3.100 gr.	133.5 cm	137.0 cm	3.5 cm	31.8 kg	34.4 kg	+2.6 kg	Average ↓
Child H	7.11	42	4.000 gr.	131.0 cm	134.5 cm	3.5 cm	29.2 kg	30.7 kg	+1.5 kg	Average
Child I	9.0	40+2	3.350 gr.	130.5 cm	135.5 cm	5.0 cm	33.5 kg	31.6 kg	- 1.9 kg	High
Child J	9.0	38	3.300 gr.	126.0 cm	130.0 cm	4.0 cm	24.2 kg	24.4 kg	+0.2 kg	Low
Child K	9.8	38	3.050 gr.	141.0 cm	145.0 cm	4.0 cm	30.7 kg	32.5 kg	+1.8 kg	Low
Child L	8.0	39+0	4.200 gr.	130.5 cm	135.0 cm	4.5 cm	33.5 kg	35.5 kg	+2.5 kg	High

Age in years	7	8	9	10
Number of children at end of study	3	6	2	1

GA: Gestational week	27	38	39	40	41	42
Number of children	1	2	3	1	2	3

BW: Birth weight	1.000-1.500 gr	2.000-2-500 gr	3.000-3.500 gr	3.500-4.000 gr	4.000-4.500 gr
Number of children	1	1	4	2	4

Arousal level	High	Low	Average	Average ↑	Average ↓
Number of children	6	2	2	1	1



## Statistic registration and valuation of functional level, well-being and learning skills

Kinetic sense	Number of children at start	Number of children at end
Kinetic sense, unstable	12	5
Kinetic sense, average	0	5
Kinetic sense, stable	0	2
Fine-motor-skills, much reduced	9	2
Fine-motor-skills, slightly reduced	3	4
Fine-motor-skills, fitting age	0	6
Muscle tonus, low + hyper mobility	9	6
Muscle tonus, average	0	1
Muscle tonus, optimum condition	3	5
Symmetric tonic neck reflex, not integrated	10	1
Symmetric tonic neck reflex, almost integrated	2	1
Symmetric tonic neck reflex, integrated	0	10
Asymmetric tonic neck reflex, not integrated	10	2
Asymmetric tonic neck reflex, slightly integrated	2	6
Asymmetric tonic neck reflex, integrated	0	4
Cross-body movements, not integrated	10	3
Cross-body movements, slightly integrated	2	6
Cross-body movements, integrated	0	3
Hocks muscles, shortened	11	5
Hocks muscles, slightly shortened	1	2
Hocks muscles, optimum condition	0	5
Achilles tendons, shortened or hyper mobility	7	4
Achilles tendons, slightly shortened	1	0
Achilles tendons, normal condition	4	8
Raising head, laying on back, weak	5	2
Raising head, laying on back, average	0	3
Raising head, laying on back, optimum	7	7
Raising head, laying on front, weak	7	2
Raising head, laying on front, average	1	6
Raising head, laying on front, optimum	4	4
Crawl, arrhythmic	12	2
Crawl, slightly rhythmic	0	9
Crawl, rhythmic	0	1

<b>Kinetic sense, continued</b>		
Running skills, impeded	11	1 child with club feet 2
Running skills, slightly impeded	1	5
Running skills, normal	0	5
Bodily restlessness, noticeable	6	2
Bodily restlessness, average	1	2
Bodily restlessness, none	5	8
Sensitive to sounds, highly	3	1
Sensitive to sounds, average	3	3
Sensitive to sounds, not	6	8

<b>Tactile sense</b>	<b>Number of children at start</b>	<b>Number of children at end</b>
Tactile sense, over reacting	8	2
Tactile sense, slightly reacting	4	6
Tactile sense, optimum condition	0	4
Galant reflex, unintegrated	8	1
Galant reflex, almost integrated	1	8
Galant reflex, integrated	3	3
Navel test, strong reaction	10	1
Navel test, light reaction	2	8
Navel test, no reaction	0	3

<b>Vestibular sense</b>	<b>Number of children at start</b>	<b>Number of children at end</b>
Vestibular sense, over- or under reacting	12	2
Vestibular sense, average	0	5
Vestibular sense, optimum condition	0	5

<b>Sight, eye cooperat. and eye movements</b>	<b>Number of children at start</b>	<b>Number of children at end</b>
3D sight, impeded	1	0
3D sight, average condition	7	4
3D sight, optimum condition	4	8
Eye-/hand coordination, impeded	4	0
Eye-/hand coordination, slightly impeded	8	7
Eye-/hand coordination, optimum condition	0	5

<b>Sight, eye co-op. and eye movements, continued</b>		
Inward turning of eyes, impeded	7	1
Inward turning of eyes, average level	5	5
Inward turning of eyes, optimum level	0	6
Eye movements, impeded	11	3
Eye movements, average level	1	6
Eye movements, optimum level	0	3

<b>Cognitive fundament</b>	<b>Number of children at start</b>	<b>Number of children at end</b>
Language, under average	5	3
Language, average	4	3
Language, over average	3	6
Short term memory, impeded	3	1
Short term memory, slightly impeded	2	2
Short term memory, normal	7	9
Long term memory, impeded	3	1
Long term memory, slightly impeded	1	2
Long term memory, normal	8	9
Attention, impeded	8	3
Attention, slightly impeded	1	5
Attention, normal	3	4
Concentration, impeded	8	2
Concentration, slightly impeded	4	5
Concentration, normal	0	5
Learning ability, impeded	5	1
Learning ability, slightly impeded	6	5
Learning ability, normal	1	6
Ability of solving problems, impeded	5	2
Ability of solving problems, slightly impeded	3	2
Ability of solving problems, normal	4	8
Reasoning skills, impeded	6	2
Reasoning skills, slightly impeded	2	3
Reasoning skills, normal	4	7
Ability to think before acting, impeded	9	2
Ability to think before acting, slightly impeded	1	6
Ability to think before acting, normal	2	4

<b>Emotional fundament</b>	<b>Number of children at start</b>	<b>Number of children at end</b>
<b>Stress</b>		
- Stress threshold, low	8	0
- Stress threshold, average	3	11
- Stress threshold, high	1	1
- Rituals, frequent	4	0
- Rituals, medium frequent	0	0
- Rituals, none	8	12
<b>Safety/conficence</b>		
- Safety/confidence, poor	3	0
- Safety/confidence, average	5	1
- Safety/confidence, fully	4	11
- Attachment/close connections, unbalanced	3	0
- Attachment/close connections, average balanced	4	3
- Attachment/close connections, balanced	5	9
- Ability of establishing friendships, poor	4	0
- Ability of establishing friendships, average	3	5
- Ability of establishing friendships, good	5	7
- Sleep, troubled and unstable, nightmares	5	0
- Sleep, almost stable and quiet	2	4
- Sleep, stable and quiet	5	8
- Phobia/strong reactions, extraordinary	10	0
- Phobia/strong reactions, slightly	1	5
- Phobia/strong reactions, none	1	7
<b>Self-esteem</b>		
- Marking personal boundaries, impeded skill	8	2
- Marking personal boundaries, average skill	1	6
- Marking personal boundaries, high skill	3	4
- Social initiatives, none	2	0
- Social initiatives, occasionally	1	2
- Social initiatives, often	9	10
- Urge for getting attention, extraordinary	7	0
- Urge for getting attention, more than average	1	7
- Urge for getting attention, average	4	5

<b>Emotional fundament, continued</b>		
<b>Empathy</b>		
- Skills of showing consideration for others, impeded	5	0
- Skills of showing consideration for others, average	2	5
- Skills of showing consideration for others, high	5	7
- Comforts others when needed, never	5	1
- Comforts others when needed, occasionally	2	2
- Comforts others when needed, often	5	9
- Repenting an act, difficult	2	0
- Repenting an act, average	3	1
- Repenting an act, easy	7	11
- Loving behaviour, rarely	1	0
- Loving behaviour, only occasionally	5	1
- Loving behaviour, often	6	11

<b>Social and personal skills, behaviour, well-being</b>	<b>Number of children at start</b>	<b>Number of children at end</b>
Seeking boundaries to a considerable extend	8	2
Seeking boundaries to a slight extend	3	1
Seeking boundaries, not	1	9
Urge for being in lead/make decisions, considerably	7	1
Urge for being in lead/make decisions, slightly	4	7
Urge for being in lead/make decisions, none	1	4
Accept of demands from adults, rarely	3	0
Accept of demands from adults, often	7	2
Accept of demands from adults, always	2	10
Sense of responsibility, very weak	5	1
Sense of responsibility, average	5	4
Sense of responsibility, strong	2	7
Ability of solving conflicts, severely low	7	0
Ability of solving conflicts, average or a little less	4	7
Ability of solving conflicts, strong	1	5
Social well-being, poor	3	1
Social well-being, average	6	2
Social well-being, very good	3	9

<b>Social and personal skills, continued</b>		
Personal well-being, poor	8	2
Personal well-being, average	4	4
Personal well-being, very good	0	6
School/after school club well-being, poor	0	0
School/after school club well-being, average	3	0
School/after school club well-being, very good	9	12

## **Diagnoses and medicines**

	<b>Number of children at start</b>	<b>Number of children at end</b>
<b>ADHD-diagnosis</b>	4	4
Consumes central stimulating medicine	1	1
Consumes sleeping medicine	0	0
<b>Asthma-diagnosis</b>	2	(symptoms reduced) 1
Consumes asthma medicine	2	1
<b>Epilepsy-diagnosis</b>	1	(parents went all in) 0
Consumes epilepsy medicine	1	0
<b>Diagnosis, emotional life/psycho-social life</b>	2	2
Consumes medicine	0	0

### **Factual data**

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Grants received from the authorities:	None
Cohort and location for carrying out the study:	2 special classes, 12 students <b>Lindevangskolen, P.G. Ramms Allé, Frederiksberg, Denmark</b>
Project Manager:	Jonna Jepsen, Rafael Centeret
Project group:	Psychotherapist/Consultant Birte Glud Motor Skills Supervisor Lene Knudsen Optometrist Pia Schackinger Teachers and after school club staff, Lindevangskolen, 2 special classes Special Consultant and author Jonna Jepsen
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Time period for the study incl. data work:	<b>From the 1st of May 2011 to the 1st of December 2011</b>

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