

Moving Through Challenging Times

The Neurodevelopmental Skills and Demands Approach

www.drricksndlens.com
www.drricksndlens.com
Rick Robinson, Ph.D.



When you talk, you are only repeating what you know. But if you **listen, you may learn something new.**

-Dalai Lama



**What our Fundamental Challenge in
these Challenging Times Sounds
like to me:**

“Regulation”



**What Specific Challenges Sounds
Like:**

ACEs “Expanded”



Adverse Childhood Experiences

10 Categories of Experience up to 18 Years of Age

(Note: these categories were selected based on the original ACE Study sample-and are not meant to be “exclusive.”)

Childhood Abuse

	<u>ACE Study Prevalence</u>
1. Emotional	(11%)
2. Physical	(28%)
3. Sexual	(21%)

Childhood Neglect

4. Emotional	(15%)	
5. Physical		(10%)

Growing up with

6. Domestic Violence	(13%)	
7. Substance Abuse (alcohol or drugs)		(27%)
8. Mental Illness	(17%)	
9. Parental Discord	(23%)	
10. Crime	(6%)	



Take Home Messages from the Original ACEs Study

Vincent J. Felitti, M.D. and Robert F. Anda, M.D., M.S.

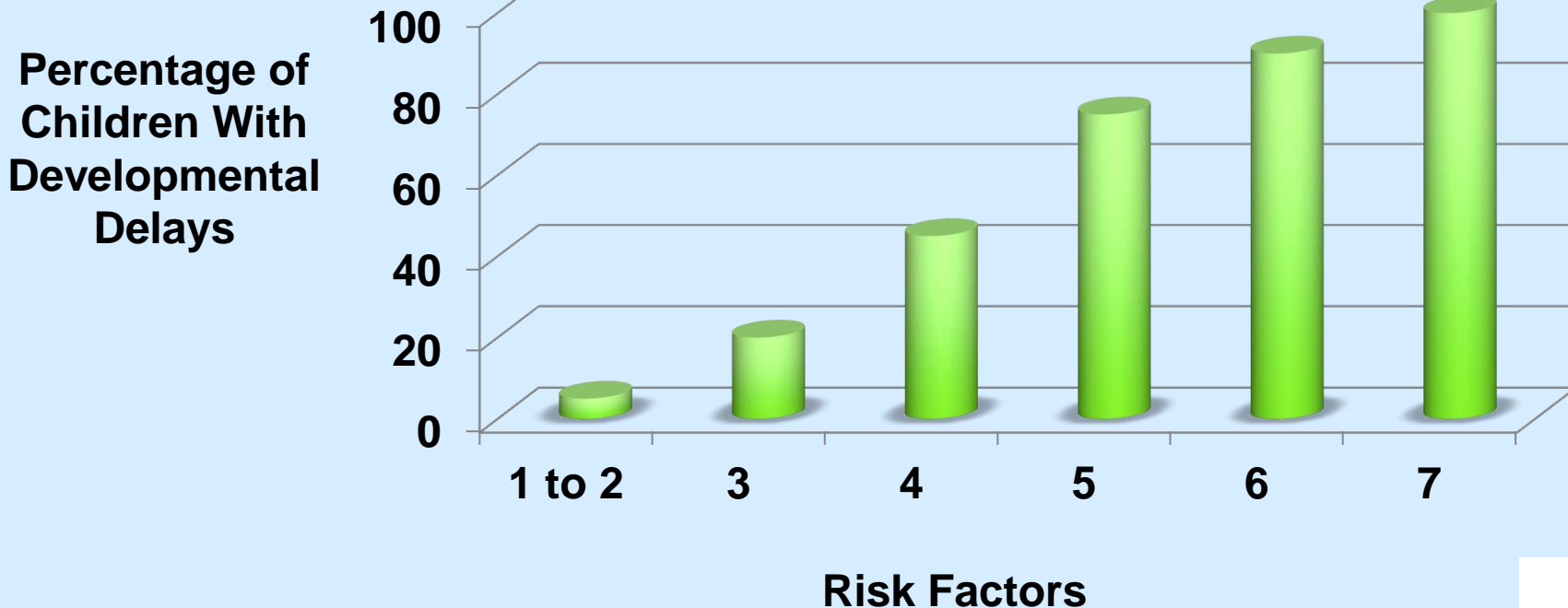
1. Adverse Childhood Experiences (ACEs) are **common**, tend to occur in **clusters** and are cumulative. The impact of multiple exposures can be captured in an ACE score.
2. Adverse childhood experiences **disrupt neurodevelopment**, which can lead to a wide range of impairments and the **adoption of unhealthy behaviors** that increase people's **risk for disease, disability, social problems** and even premature death.
3. The **effect of adverse childhood experiences may vary from person to person** depending on several factors, including:
 - The point in their life a person has adverse experiences
 - The nature of the adverse experiences they have
 - The relational and environmental supports that are present
 - Their own strengths and weaknesses
 - “Dose effect” – frequency and duration of toxic stress

And Again.....Even More Importantly...



Significant Adversity Impairs Development in the First Three Years

From the Center on the Developing Child-Harvard University



Adverse Childhood Experience and Developmental Risk in Elementary School Children

Spokane Childhood ACES Study 1

Christopher Blodgett, Ph.D.

(Data from 2101 students)

Students with 3 or more ACES, when compared to students with 0 ACES, were:

***3 times more likely to experience academic failure**

***5 times more likely to have severe attendance problems**

***6 times more likely to evidence severe school behavior concerns**



3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



Thanks to Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [ACESConnection.com](https://www.acesconnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

ACES
Connection



Table Talk

What are the Adverse Experiences within the 3 Realms that significantly impact your school community



**What Specific Challenges Sounds
Like:**

**Sensitivity and Vulnerability or
Tolerance and Resilience**



The Three “E’s” of Trauma:

Event(s); Experience of Event(s) and **Effect**

SAMSHA-Substance Abuse and Mental Health Services Administration (2014)

Individual trauma results from an **event**, series of events, or set of circumstances

experienced by an individual as physically or emotionally harmful or life-threatening with

lasting adverse **effects** on the individual’s functioning and mental, physical, social,

emotional, or spiritual well-being.



Common Responses (SAMSHA Effects) of Children and Teens to Disasters

Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID-19 Pandemic

Physical symptoms:

- Headaches
- Stomachaches

Changes in behavior:

- Substance abuse
- Increased risk-taking activities
- Acting like there is nothing good in the future
- Acting immature or younger than their age
- Avoid talking about unpleasant things
- Clinging and dependent behaviors
- Changes in sleep and appetite
- Extra busy, lots of energy
- Increased acting out like tantrums, hitting, crying, or yelling

Changes in mood:

- Worry for the safety of loved ones
- Feeling like life is unfair
- Cranky
- Feelings of insecurity, anxiety, fear, anger, sadness
- Specific fears that the disaster will happen again

Changes in social relationships:

- Social withdrawal
- Increased time spent doing activities with friends and classmates

Changes in thinking:

- Trouble concentrating
- Loss of trust in adults' ability to protect children
- Loss of trust in the safety and security of the world



The Stress Response and it's Impacts

(Garner & Shonkoff (2012))

Positive Stress Response

- **Normal and essential part** of healthy development
- Includes brief increases in heart rate and mild elevation in hormone levels

Examples: The first day of school; meeting new teachers; doing things with new friends

Tolerable Stress response

- Activates the mind/body alarm system as a result of more severe, longer-lasting difficulties
- **If activation is time-limited and buffered by relationships** with caring adults who help the child adapt, the brain and other organs may recover from possible damaging effects

Examples: Loss of a loved one; natural disaster; frightening injury

Toxic Stress Response

- Can occur when a child experiences **strong, frequent, and/or prolonged adversity**
- **Without adequate adult support, prolonged activation of the stress response system can development of brain architecture and other organs**
- Risk for stress-related disease and cognitive impairment is increased well into adulthood

Examples: Physical or emotional abuse; chronic neglect; caregiver substance abuse or mental illness; exposure to violence; accumulated burdens of severe family economic hardship



We can become **sensitive and vulnerable** to stress when the stressors we face are:

- **Unpredictable**
- **Extreme**
- **Prolonged**

We can develop **tolerance and resilience** to stress when the stressors we face are:

- **Predictable**
- **Moderate**
- **Controllable**



We can help our children develop **tolerance and resilience to stress by providing them with:**

- **Predictability**
- **Opportunities for regulation**
- **Safe relationships**

And these strategies will help our children:

- **Become more regulated**
- **Have greater access to their thinking brains.**
- **Be increasingly available to attend to, engage with, and process academic information**



What our Path Forward Sounds Like:

Mindsets-Resilience, The Mantras and Integration



Resilience

According to Harvard's Center on the Developing Child, "the essence of **resilience** is a positive, adaptive response in the face of significant adversity...

(In other words, being able to self-regulate and handle stress in productive ways)

Current research suggests that several factors increase the likelihood of a child having greater resilience.

- At least one stable, caring and supportive **adult relationship**
- A sense of mastery or "**self-efficacy**" – a belief in one's ability to handle difficult situations, and to "guide their own destiny"
- Well developed **coping skills** such as the ability to regulate emotions and consider solutions to problems
- **Supportive and affirming** cultural traditions and or faith.



The Mantras

The Lens Shift-From:

“What’s wrong with you?”

To:

“What’s happened to you?”

The focus:

“Trauma Informed and Resilience Oriented”

Two core features of trauma-informed environments that promote regulation and the development of resilience are:

“Predictability and Safety”

A phrase increasingly heard from those working in the field of childhood adversity is:

“Resilience trumps ACEs”

A phrase being used in education is:

“Fostering Resilient Learners”



The Neurodevelopmental Skills and Demands Approach:

Integration



Implementation Road Map

Baustein, M. E. & Kinniburgh, K. M. (2010) Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency (First ed., pp. 35-41). New York, NY: The Guildford Press

The Collaborative for Academic, Social and Emotion Learning (CASEL) www.casel.org

The Neurodevelopmental Skills and Demands (NDSD) Approach <http://www.dricksndlens.com>

This work conducted by our
Mental Health
Collaborators &
Partners

Trauma

Self-Development

Hope and
Resilience

Competency Level-Teach students skills and make adaptive choices to meet their goals and provide opportunities for coaching and practice

Self-Awareness

Self-Management

Decision-Making

Relationship Skills

Social Thinking and
Interaction Skills

Social and Emotional Skills Level-Teach students social and emotional skills and provide opportunities for guided practice

Regulation
Strategies

Ecology

Adult Attunement

Community
Building: Culture
of Care

Attachment Level-Develop a predictable and safe environment to support student learning



What our Path Forward Sounds Like:

School Leadership Challenges



Daily Regulation Strategies For Educators

Only a well-regulated adult
can help regulate a dysregulated child



Mantra for the Ages

“Regulate-Relate-Reason”

Bruce Perry, M.D., Ph.D., The Child Trauma Academy

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Regulate

Always strive to help a student become regulated or “settled.”
This means they are both **physically and emotionally calm.**

Relate

Increase student’s ability to **feel safe and secure in a working relationship** with us.
Often this means listening, reassuring and empathizing with their point of view
before we get to ours.

Reason

It’s only after you’ve done these first critical steps of regulating and relating that the student is ready to reason and engage in problem solving with



Mindset

Learning occurs within the context of a relationship, and in these stressful times the safety and quality of our relationships is paramount.

- The top part of our brain, the cortex, is the area responsible for abstract and concrete thoughts, our social affiliation strategies and aspects of what we find rewarding. **We need to access this part of the brain to teach academic, as well as social and emotional skills.**
- This the first part of the brain to stop working efficiently under stressful conditions. Therefore, our **primary goal is to help our students get and stay regulated**, so they have access to thinking brains in the face of stress.
- Emotions are contagious. We've all seen excitement, silliness, anxiety and anger seem to hop from one student to the next in our classroom. **A sense of calm and safety is equally as contagious.**

A fundamental way we can support our students and families is to pay attention to our own state of regulation and to intentionally take steps to remain calm in our interactions. We want our students to “catch” our calm, regulated states.

Only a well-regulated adult can help regulate a dysregulated



Action Steps

Each of you has developed self-care and wellness strategies that you are currently using and are familiar with-keep those front and center in your daily plan. I'd like to add a couple of regulatory strategies for you to do that are time efficient, inexpensive, and under your control. Here they are:

1. **Make your weekly schedule visual**-this makes it concrete, specific and puts no additional demand on your attention and working memory when you use it. Time seems to run together in very stressful times, and we can struggle to maintain our sense of purpose. We may also lack things to look forward to. By reviewing your schedule, you can provide yourself with a sense of time, identify things that you have accomplished and as well things in the future that you can look forward to. Schedule times for connections with friends, family and colleagues as well as preferred activities.
2. **Protect some of your morning time** before you get started with the day's tasks. This is a time for you to do a self-check on your own social and emotional vital signs before rushing into a day of caregiving. Do a self-check regarding:
 - the thoughts and feelings you are having
 - your rate of breathing
 - your heart rate



Action Steps

3. Use your preferred regulation strategies to make sure that you are beginning the day in as calm and relaxed a state as you were able.
 - Have a “quiet mind and quiet body.”
4. Schedule brief regulation breaks through the course of your day:
 - Short interspersed breaks are much more efficient in helping you maintain your state of regulation than waiting to the end of the day and engaging in a longer activity. For example, every 45 minutes you might take a brief walk to get your heart rate up, engage in intentional breathing, yoga or exercise, as well as other sensory or bodily strategies that you have found regulating. These activities help us metabolize stress hormones. Importantly, when we are under significant stress strategies that involve our thinking brain, like positive self-talk for example, maybe be less efficient than strategies that involve your senses and your body. These so-called somatosensory activities may allow us to become sufficiently regulated so our thinking strategies can be effective.
 - And don't forget the regulating effects of relationships. During breaks reach out to a friend, a colleague, a family member via a text, phone call, Zoom, etc.
 - Go outside and take in a little nature, or even look outside and view it with a quiet mind.



Action Steps

5. Protect your afternoon closure time.

- First, provide yourself with some “hang-time” where you relax, decompress and allow your mind and body to quiet down.
- Second, intentionally focus on one thing you did during the day that made a difference. Allow yourself to experience the positive feelings accompanying the thing you did, as well as its impact. In tough times, these two actions can help you maintain your sense of purpose and the meaning you ascribe to your work. And, you are now more likely to be present in your family life and in activities to get your self re-charged!

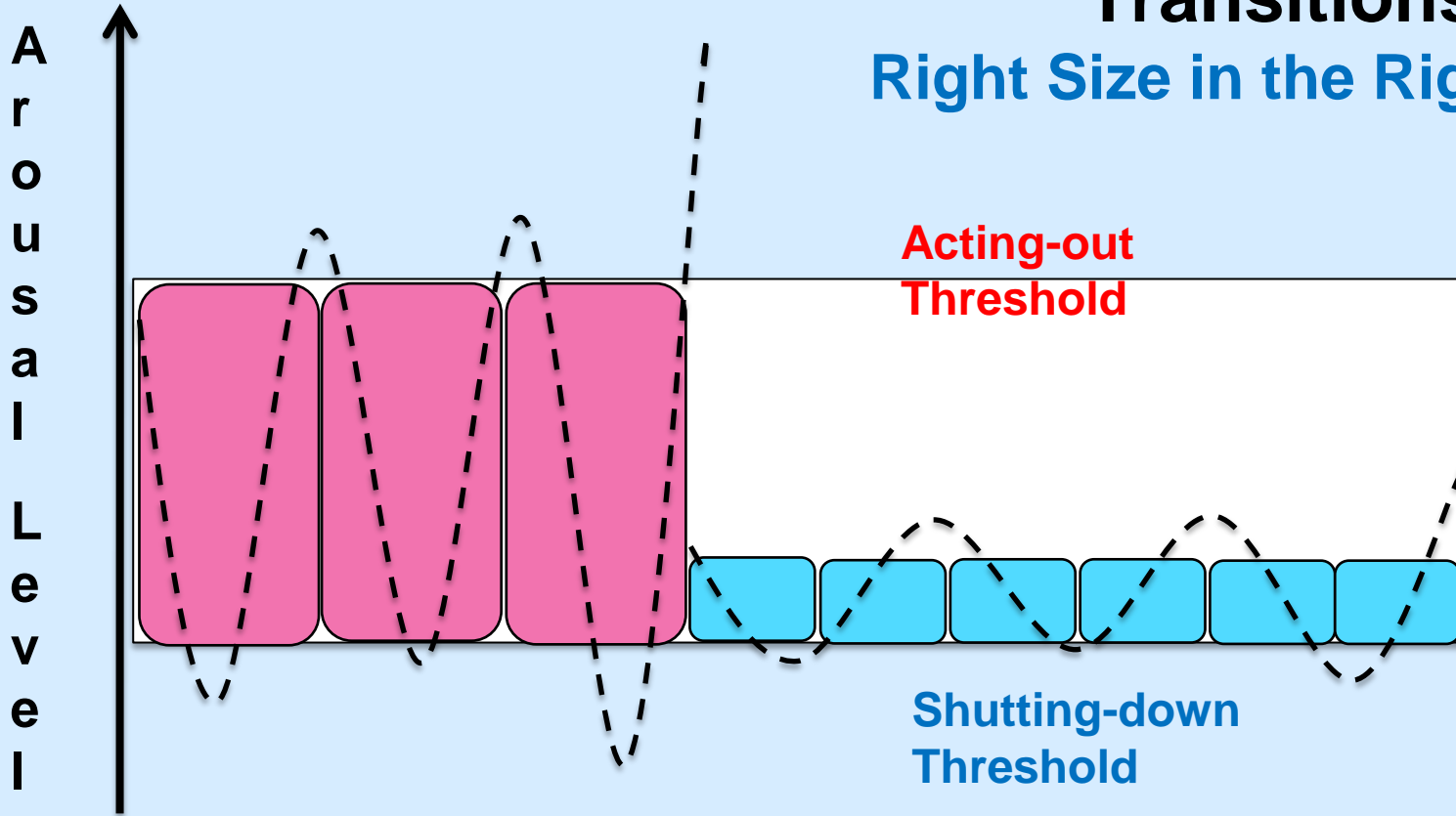


Managing Transitions



Managing Organizational Transitions

Right Size in the Right Time



Decision Fatigue



Decision Fatigue Defined

The decline in the quality of decisions that are made by a person after many decisions have been made in a row.

Roy F. Baumeister



Minimizing Decision Fatigue

Bruce Perry, M.D., Ph.D., The Child Trauma Academy

1. Cut down on decisions that aren't necessary or important.
2. Space breaks between decisions-the larger the decision the longer the break.
3. Only make important decisions when rested, refreshed and regulated.
4. When possible, build in some “percolation” time in the decision-making process. Learn to tolerate the discomfort that occurs when a decision is yet to be made.
5. Cut down on “whole group” decision-making. Use groups to gather, analyze and predict the outcomes of various decisions that could be made.



Table Talk



School Leadership Challenges-Reflect on a challenge you want to tackle and share it with your group.



What the Path Forward Sounds Like:

Regulation “Levers to Pull”



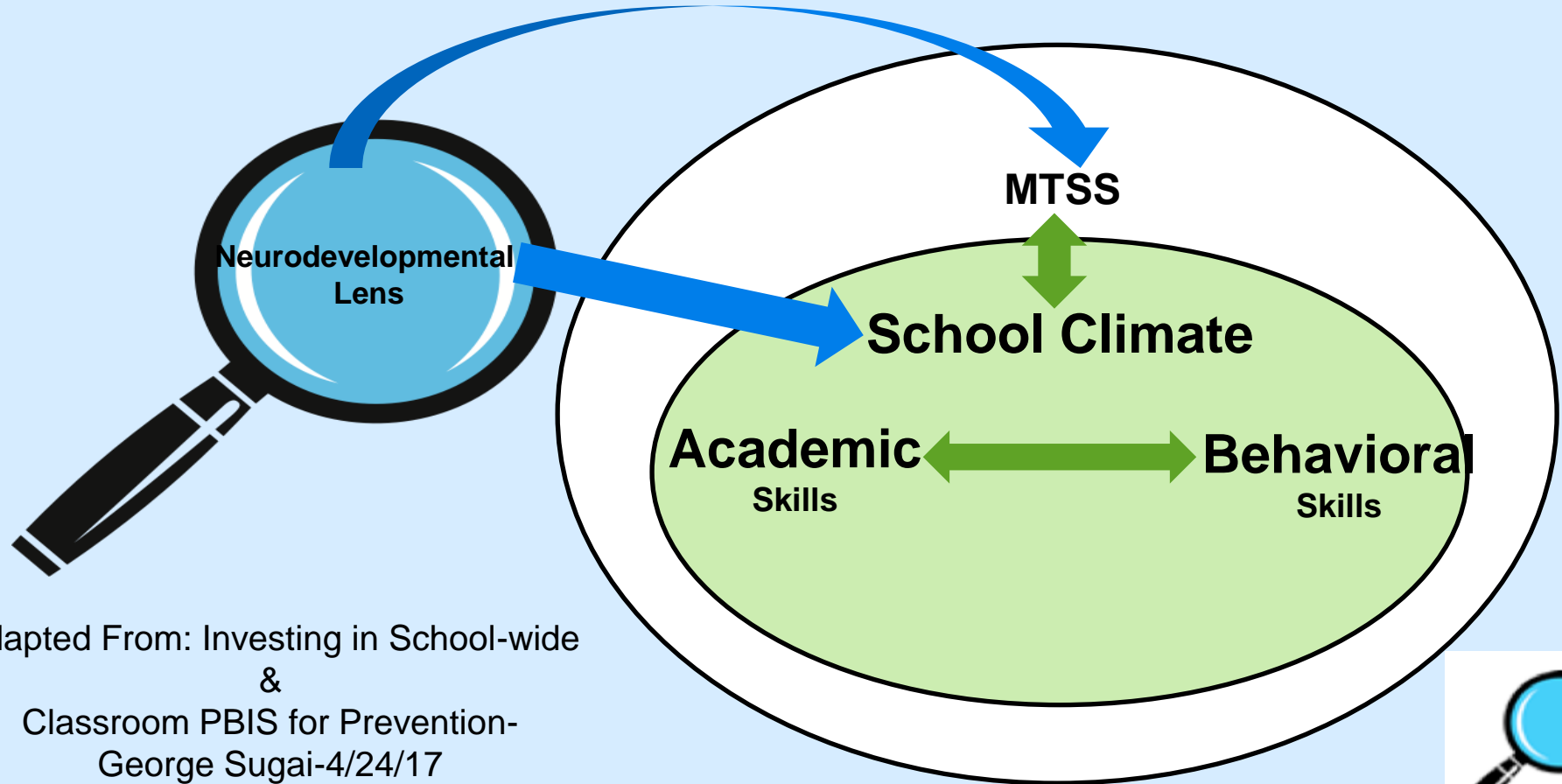
Lever #1

School Climate: A Culture of Care including an Equity Lens

“Safety is the Treatment”-Stephen Porges, F



The Neuro-developmental Lens, MTSS & School Climate



Adapted From: Investing in School-wide
&
Classroom PBIS for Prevention-
George Sugai-4/24/17



School Climate

Generally, **school climate** represents the shared:

- norms
- beliefs,
- attitudes
- experiences
- behaviors

That shape interactions between and among students, teachers, and administrators



George Sugai-Quick Climate Scale

Negative Climate

1

2

3

4

5

6

7

8

9

10

Positive

Students

Inappropriate Language/Gestures
Rough physical play
Academic failure
Teasing, Intimidation, harassment
Tardy
Unexcused absences
Inappropriate behaviors in seeking assistance

Appropriate language/Respectful language
Appropriate play
Academic Success
Appropriate problem solving
Punctual
Regular Attendance
Appropriate behaviors in seeking assistance

Educators

Verbal reprimands
Behavior Corrections
Detention
Low rates student contact
Reactive management
Low opportunities to respond
Low academic engagement

Specific verbal praise
Positive initiations
Positive active supervision
High student engagement
Precorrections
Many opportunities to respond
High academic engagement



Core Elements of the Culture of Care Environment

Bruce Perry, M.D., Ph.D., The Child Trauma Academy

<u>Elements</u>	<u>(Students)</u>	<u>(Staff)</u>
• Relational- safe)	(safe)	(consistent, predictable =
• Relevant-	(developmentally-matched)	(matched to skill level)
• Repetitive- rituals)	(patterned)	(predictable routines and
• Rewarding- compensated)	(pleasurable)	(meaningful & fairly
• Rhythmic- patterns)	(resonant with neural patterns)	(resonant w
• Respectful-	(child, family, culture)	(individual, team, c



Equity

“Presence” and a Lens



The Neurosequential Network COVID 19 Office Hours

Dr. Bruce Perry-6-15-20

Equity, Transgenerational Trauma and Racism-Lea Denny & Stephen Bailey

“Presence” in the Equity Conversation Sounds Like:

“We get really bogged down with dialogue. I will tell you **please slow down**-we will not get there if we rush.”

-Lea Denny, MS, LPC, NCC, NMT
CEO, Founder, Clinical Director
Health Intergenerational Roots (HIR) Wellness Institute

“**Build the capacity to sit with discomfort**” without acting-out or checking-out. “Maintain self-regulation to be your most attuned, helpful, connected self in addressing these issues.”

Stephen Bailey, LICSW, LMC



Oregon Chief Education Office's Equity Lens Tool

Equity Lens Beliefs

1. Every student has the ability to learn
2. Speaking a language other than English is an asset
3. Special Education Services are an educational responsibility
4. Students previously described as “at risk” are the best opportunity to improve outcomes
5. Intentional, proven practices must be implemented to return out of school youth to an educational setting
6. Supporting great teachers is important
7. Ending disparities and gaps in achievement begin in quality delivery
8. Resource allocation demonstrates priorities and values
9. Shared decision making with communities will improve outcomes
10. All students should have access to information about future opportunities



Equity Lens Guiding Questions

1. Who are the racial/ethnic and underserved groups affected? What is the potential impact of the resource allocation and strategic investment to these groups?
2. Does the decision being made ignore or worsen existing disparities or produce other unintended consequences? What is the impact on eliminating the opportunity gap?
3. How does the investment or resource allocation advance the 40/40/20 goal?
4. What are the barriers to more equitable outcomes (e.g., mandated, political, emotional, financial, programmatic or managerial)?
5. How have you intentionally involved stakeholders who are also members of the communities affected by the strategic investment or resource allocation? How do you validate your assessment in (1), (2) and (3)?
6. How will you modify or enhance your strategies to ensure each learner and communities' individual and cultural needs are met?
7. How are you collecting data on race, ethnicity, and native language?
8. What is your commitment to P-20 professional learning for equity?
What resources are you allocating for training in cultural responsive instruction?



Lever #2

Routines, Rituals and Classroom Ecology



“Must Have” Routines



Avoid the void, for they will fill it-Anita Archer

<https://explicitinstruction.org>

Categories of Routines or Procedures

Anita Archer

Movement

Use of

Materials/Assignments

Cues

Gaining Assistance

How to Act

What to do When

“Must Have” Routines

Rick Robinson

Attention Cue

Stop Action Cue

Unexpected Events

Transition (stop...change...start-up)

Voice Level

Movement

Getting Help

Classroom Physical Organization

1. Post and follow a **regular schedule**. Inform students of any upcoming changes to the schedule in advance
2. Designate **specific areas** in the classroom for **specific activities** so students become familiar with routines and locations where activities occur
3. Post **visuals** that clarify the expectations for students in each activity area
4. Create specific consistent and developmentally appropriate **procedures** for each classroom activity



Classroom Physical Organization

5. Organize the physical environment so that students are in **close proximity** in order to:
 - Facilitate connections
 - Increase student engagement
 - **Increase opportunities for students to get cues**
 - **Allow the teacher quick, easy, and “casual” access to all students**

6. Arrange seating so that:
 - **Students face the teacher during instruction**
 - Students can interact easily with others during **partner work** or **cooperative learning tasks**
 - Other people's **movement** around the classroom causes minimal distraction



Lever #3

Consistent Adult Response Discipline and Restorative Practices



Discipline as Teaching

Moving from Reactivity to Receptivity

Consider: No-Drama Discipline-Siegel and Payne-Bryson (2014)

- The Latin origins of the word mean teaching, learning and giving instruction-in other words to “teach.”
- Discipline has two goals:
 1. **A short-term goal** that involves **immediate external teachings**. To elicit a child’s cooperation, help them behave in acceptable ways, and avoid unacceptable behaviors.
 2. **A long-term goal** that involves **long-term internal lessons**; instructing children in ways that develop skills and the capacity to resiliently handle life challenges and their emotional reactions.

Connection is a Biological Imperative-Stephen Porges, Ph.D.

**The major form of regulation in human living groups is Connection.
The major buffer to all stressors and all stress is the degree of Connectedness.
Bruce Perry, M.D., Ph.D.**



Restorative Practices

International Institute for Restorative Practices-Describes **a continuum of informal to formal practices**. Other authors label this a continuum of Restorative Practices to Restorative Programs.

An example of a **Restorative Practice** (Ashley & Burke):

Restorative Inquiry/Discussion: An informal restorative process involving active, non-judgmental listening, the use of relational questions to bring out who was affected and how, and elicit what needs to happen to make things right. Such questions can include:

- What happened?
- What were you thinking about at the time?
- What have you thought about since
- Who's been affected by what you've done, and in what ways
- What do you think you might need to do to make things right



Restorative Practices

Restorative Practices in Schools are inspired by the philosophy and practices of Restorative Justice, which puts **repairing harm done to relationships and people** over and above the need for **assigning blame and dispensing punishment** (Eber, 2015).

Outcomes of a Restorative Process (Resolutions Northwest)

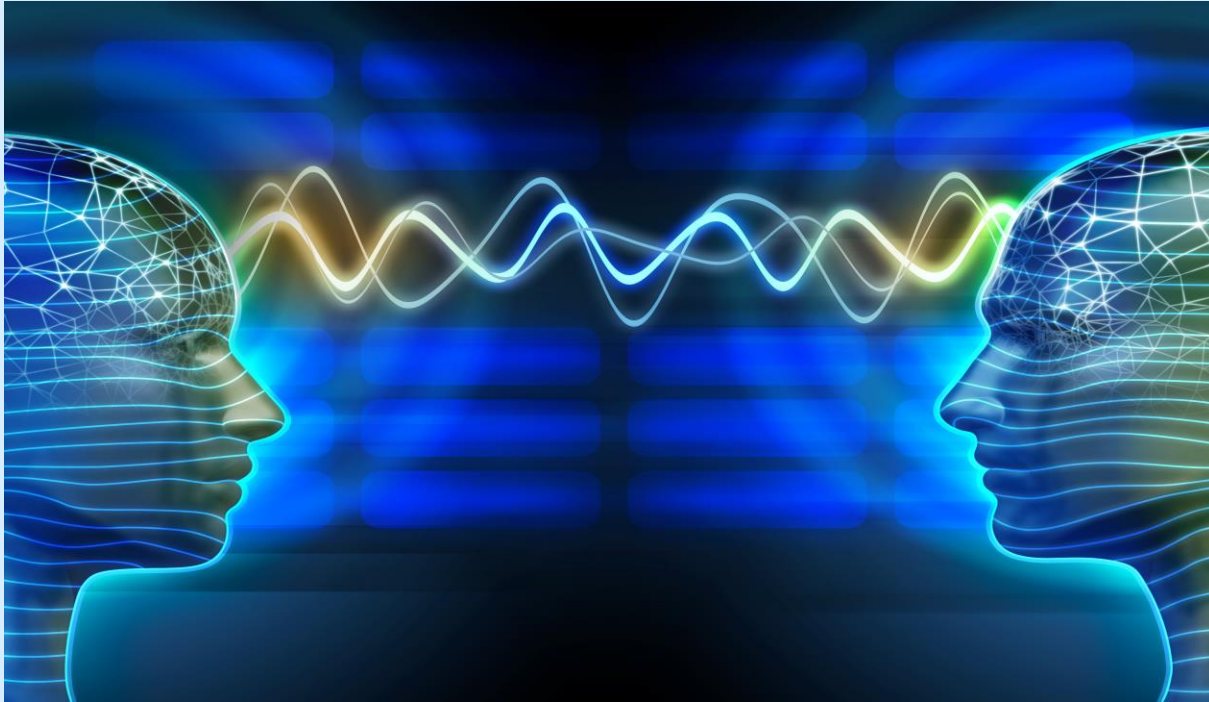
- Impact is acknowledged
- Harm is repaired
- Relationships are restored
- Resiliency is built
- Truth telling is promoted
- Behavior can be changed
- Lessons are learned
- Criminalization can be avoided
- Staying in school is encouraged
- Social and emotional competencies are taught



Table Talk



The Path Forward-Reflect on an example of a “Regulation Lever” you want to pull and share it with your group.



Resilient Closing



Notice and Label
“Glimmers” this Morning



Contact Information

Rick Robinson Ph.D.

rickrobinsonphd@drricksndlens.com

