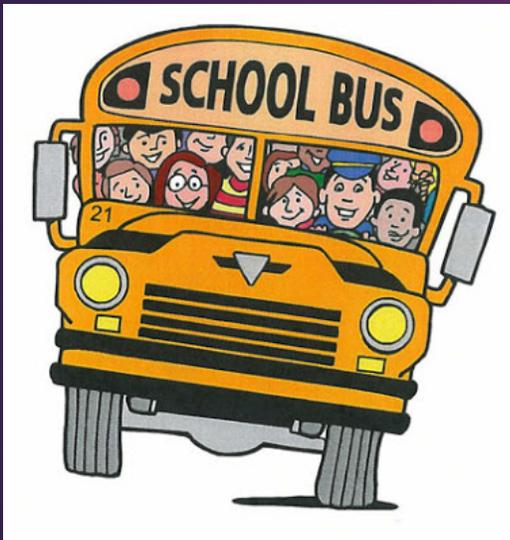


Working Collaboratively with Children



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You are AMAZING



Thank you for all you do everyday.

The “Whole Child” Initiative

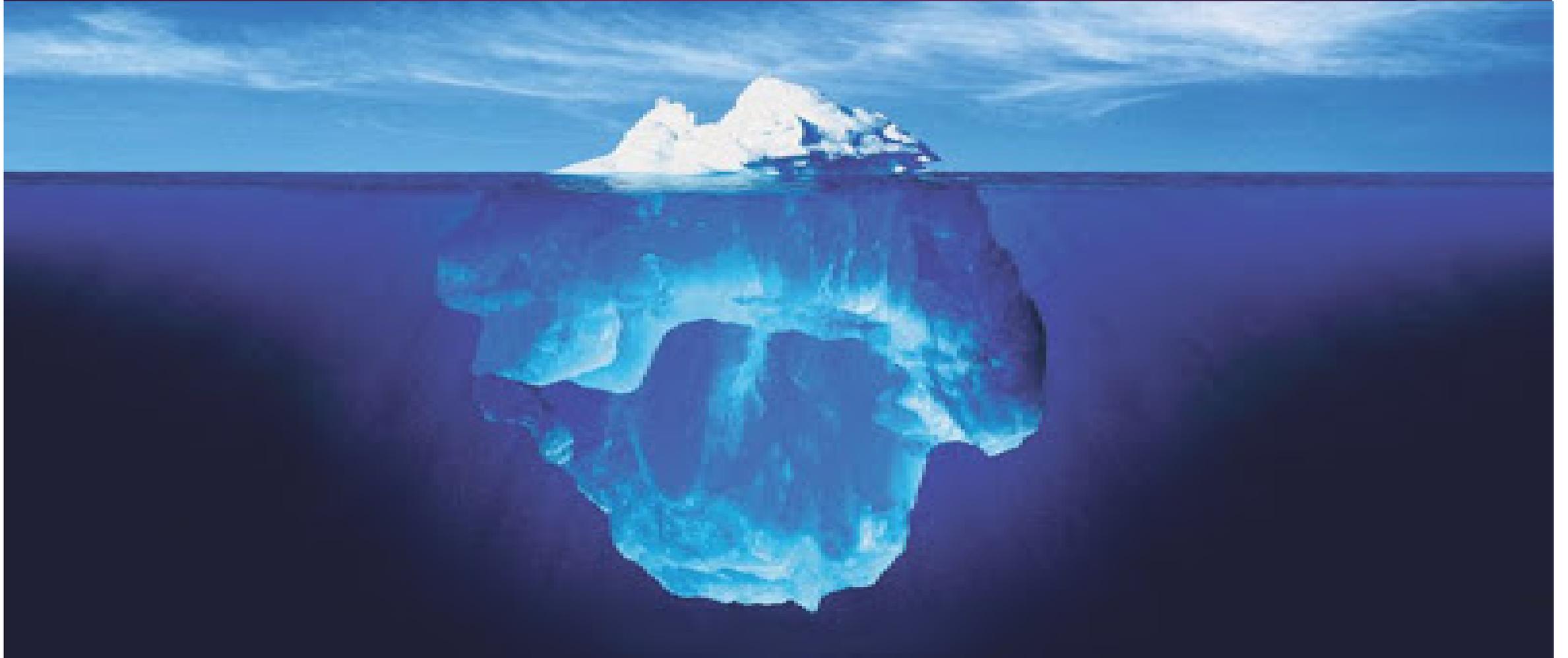
- ▶ Looking at the child from holistic viewpoint: physical and emotional health, environmental factors, learning styles and differences
- ▶ Shifting to integrated and interdisciplinary approach
- ▶ Healthy, safe, engaged, supported, and challenged

Tenets of Trauma Informed Care

Substance Abuse and Mental Health Services Administration
[SAMHSA])

- ▶ **Realizes** the widespread impact of trauma and understands potential pathways for recovery
- ▶ **Recognizes** the signs and symptoms of trauma in families, staff and others involved in the system
- ▶ **Responds** by fully integrating knowledge about trauma into policies, procedures and practices and...
- ▶ Seeks to actively resist **re-traumatization**

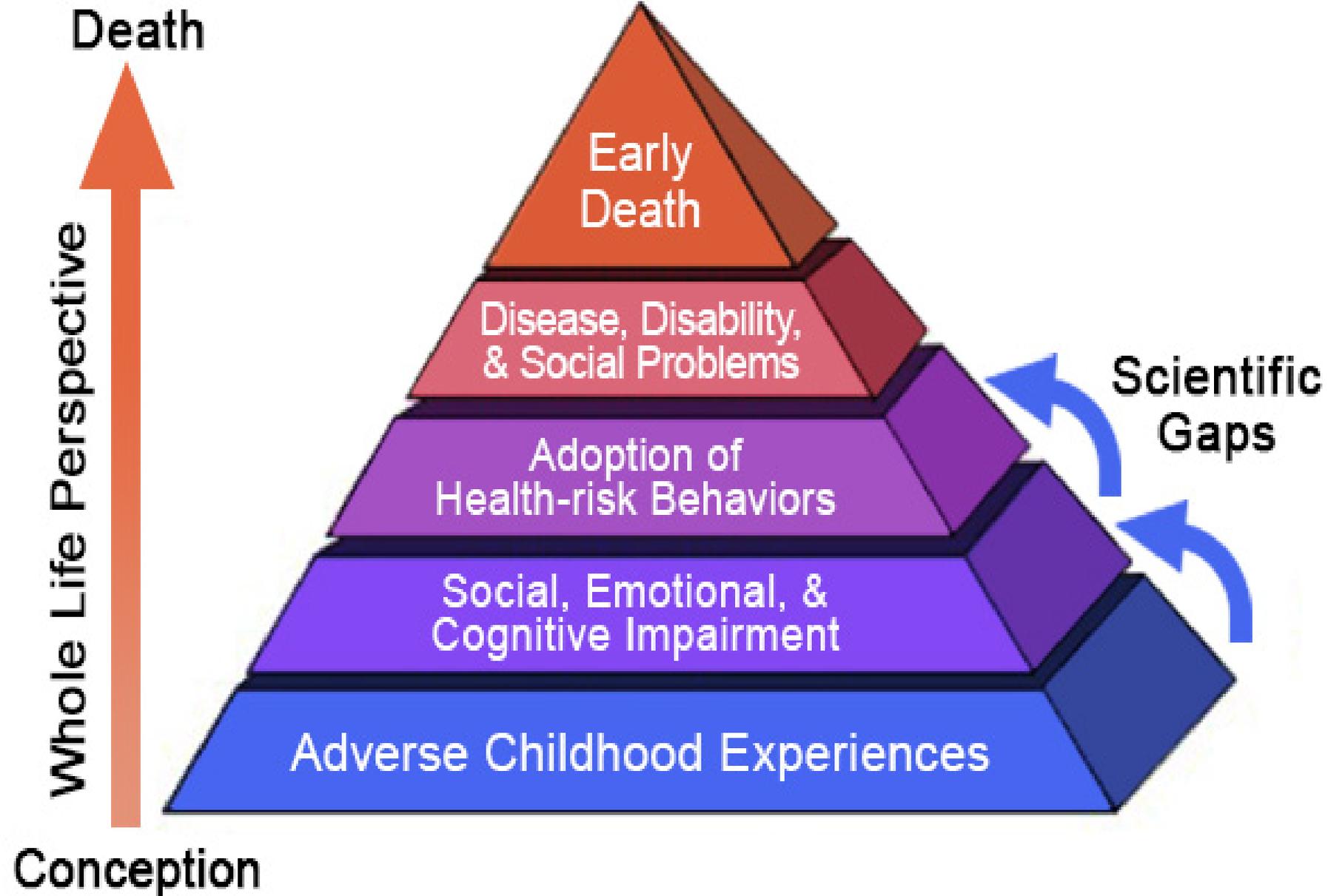
“Big T” and “Little t” Traumatic Stress



Adverse Childhood Experiences Study (ACEs)

Kaiser Permanente and CDC, 1998

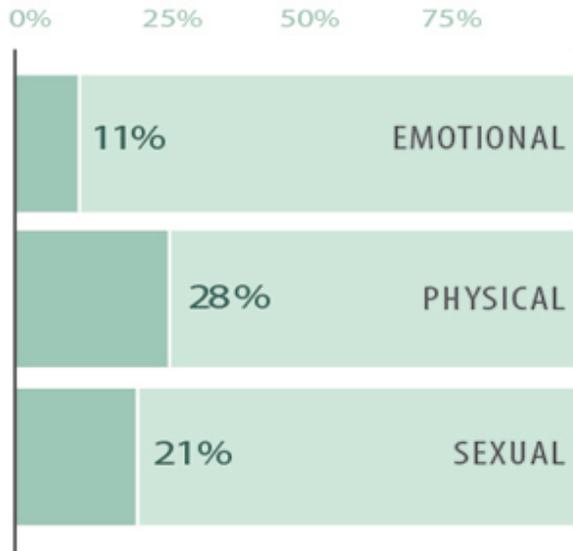
- ▶ The Study: 17,000 mostly white, college-educated, employed adults were screened for 10 prominent childhood traumatic experiences as part of their routine healthcare. Each type of trauma was awarded one point.
- ▶ The Results:
 - 70% of participants experienced at least one type of trauma
 - ACE scores of 4 or more resulted in four times the risk of emphysema and depression, as well as 12 times the risk for suicide (ACES were also linked to increased risk for heart disease, Diabetes, obesity, STDs, cancer, strokes, and broken bones)
 - ACE scores were directly related to early initiation of smoking and sexual activity, adolescent pregnancy, and risk for intimate partner violence



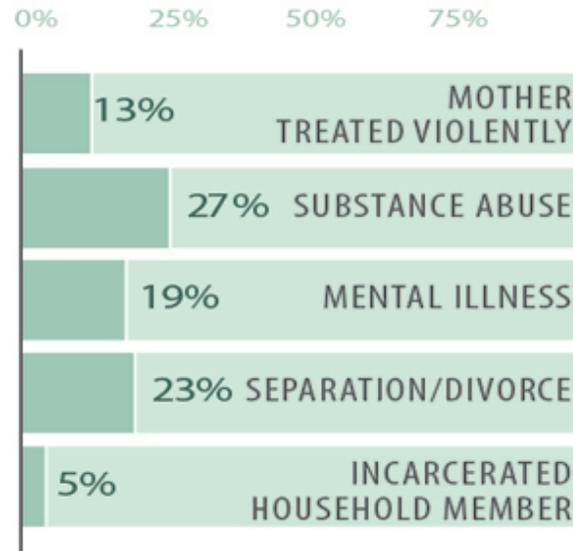
TYPES *of* ACES

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges**, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.

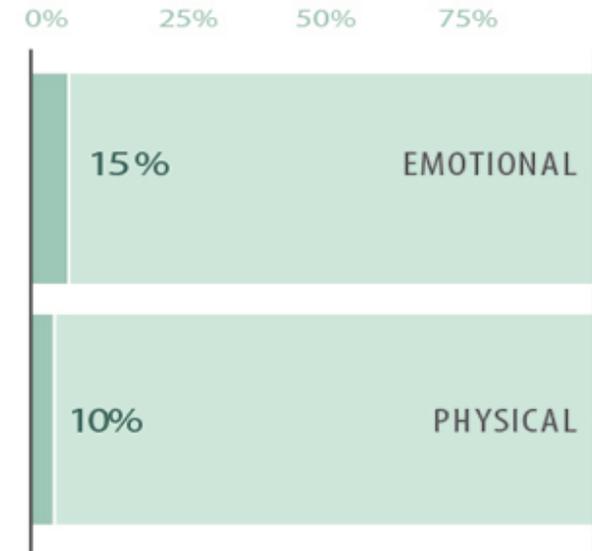
ABUSE



HOUSEHOLD CHALLENGES



NEGLECT



Effects of traumatic experiences on students

National Child Traumatic Stress Network

- Complaints such as headaches, stomach aches and pains
- Increased irritability, aggression or anger
- Behaviors may be inconsistent
- Impaired attention/concentration
- Increased absences/school refusal
- Problems thinking clearly, reasoning or problem solving
- Possible deficits in language development and abstract reasoning skills
- Learning difficulties and needs for additional supports in academics

The Good News

- ▶ Resilience research shows the presence of a positive and caring adult can help shield against adverse experiences
- ▶ “Neurons that fire together, wire together.” (Siegel)
- ▶ **Educators can provide a corrective emotional experience for trauma-impacted and other youth through creating a trauma-informed environment and responding in new ways to problem behaviors.**

So what can we do about it?



Taking a Collaborative Approach

- ▶ Follows trauma-informed principles of **empowerment and choice**
- ▶ Assists with skills around problem solving, confidence and critical thinking
- ▶ Expresses to kids “I value your opinion”
- ▶ **“Kids do well if they can”** (Ross Greene, Collaborative and Proactive Solutions model ©)

Interventions

- ❖ Ask permission to share concerns!
- ❖ Let student know you value their opinion
- ❖ “Shelve” your own agenda or ideas
- ❖ Go in with curiosity and a “not knowing” approach
- ❖ Know that solving problems collaboratively does not take away your authority; the goal is to have the concerns of both parties be addressed



Environment

- ▶ Structure, predictability and routine!
- ▶ Promoting physical, emotional and psychological safety in the classroom
- ▶ Spaces for calming and self-soothing

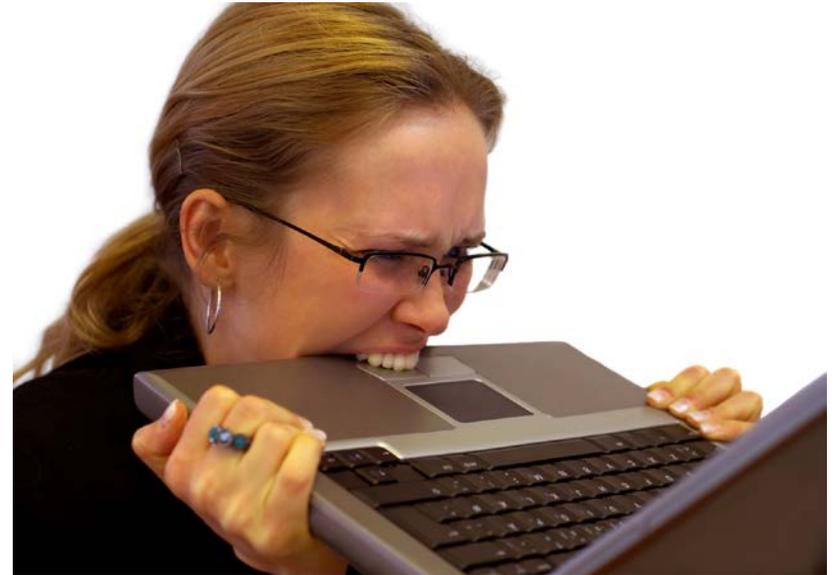


Interventions

- ❖ Give children/youth a sense of safety and containment
- ❖ Plan ahead; be aware of how even small changes can trigger your students
- ❖ Sensory cart, fidgets, lights on/off, subtle sensory shifts
- ❖ Consider layout of classroom and seating
- ❖ Normalize for everyone; non-shaming

Personal Awareness

- ▶ First and foremost we must recognize our own emotional state and be able to regulate prior to being able to help others
- ▶ Personal Care
- ▶ What is triggering for you about this child?



Interventions

- ❖ Supportive partnership with a colleague or team member
- ❖ Find ways of taking a mindful pause
- ❖ Use the 16 count breath- in for 4, hold for 4, out for 4, hold for 4, when finding self getting upset with a student
- ❖ Seek out additional support and be aware of **compassion fatigue**

Flip Your Lid!!



Common Lid Flippers

- ▶ Unpredictability or sudden change
- ▶ Transition from one setting/activity to another
- ▶ Loss of control
- ▶ Feelings of vulnerability or rejection
- ▶ Shame, guilt, embarrassment, inadequacy, feeling “bad”
- ▶ Confrontation, authority or limit setting
- ▶ Sensory overload (too much stimulation from the environment)
- ▶ Intimacy or positive attention

Stressors lead to an overactive “alarm” system and youth are more easily triggered into “survival brain”.



Value CONNECTION

- ▶ When child is upset, we often respond with a left brain, logical response. More effective is first connecting right brain to right brain.
- ▶ This can assist their brain in “re-integration” that makes learning and re-direction more possible
- ▶ Empathic attunement: ultimately not a time sucker but a time saver

Interventions

- ❖ Attune to what the child may be feeling or what might have led to the difficulty
- ❖ Slow down
- ❖ Meet them on their level
- ❖ Know you can come back to this later when the child is calm

Reflective Listening



Interventions

- ❖ **Reflect back** what you are hearing in a statement, not a question
- ❖ **Identify and name the feelings** that are underlying the concern
- ❖ Use statements like: “It sounds like...”, “It seems like...” and “You are feeling...”
- ❖ You don’t have to be perfect! The child will clarify if needed.
- ❖ This helps build emotional intelligence, and communicates to the student that we can help them make sense of what they are experiencing

Resources

- ▶ **The Whole Brain Child** and **No Drama Discipline** by Tina Payne Bryson and Daniel Siegel
- ▶ **Collaborative Problem Solving** (now called Collaborative and Proactive Solutions) (www.livesinthebalance.org) This site includes a call-in radio program specifically for educators. (Ross Greene, The Explosive Child)
- ▶ **The National Child Traumatic Stress Network** (<http://www.nctsnet.org>)
- ▶ **Ted Talk by Dr. Nadine Burke Harris on effects of childhood traumatic experiences**
https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime
- ▶ **The Sanctuary Model**, Dr. Sandra Bloom (<http://sanctuaryweb.com/Home.aspx>)
- ▶ **UCSF HEARTS** (Healthy Environments and Response to Trauma in Schools) Program, Dr. Joyce Dorado, (http://coe.ucsf.edu/coe/spotlight/ucsf_hearts.html)
- ▶ **CDC web site for information on ACE Study**
(https://www.cdc.gov/violenceprevention/acestudy/about_ace.html)
- ▶ **Mindfulness for Teachers** by Patricia Jennings

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