



**KIDS WHO ARE
STRUGGLING THE MOST
ARE TRYING THE
HARDEST**



Social, Emotional, and Behavioral ° Perspectives: Practical Support in Schools

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Hood River County School District

Anne Carlross

Special Education Director

Flurry Stone, Ed.S.

School Psychologist

Will Backner, Ph.D

School Psychologist

Kelly Running

Behavior/Autism Support

Anne Carloss



OVERVIEW AND INTRODUCTION

PERSPECTIVES USING ACES, NME, AND CPS

Flurry Stone



ADVERSE CHILDHOOD EXPERIENCES

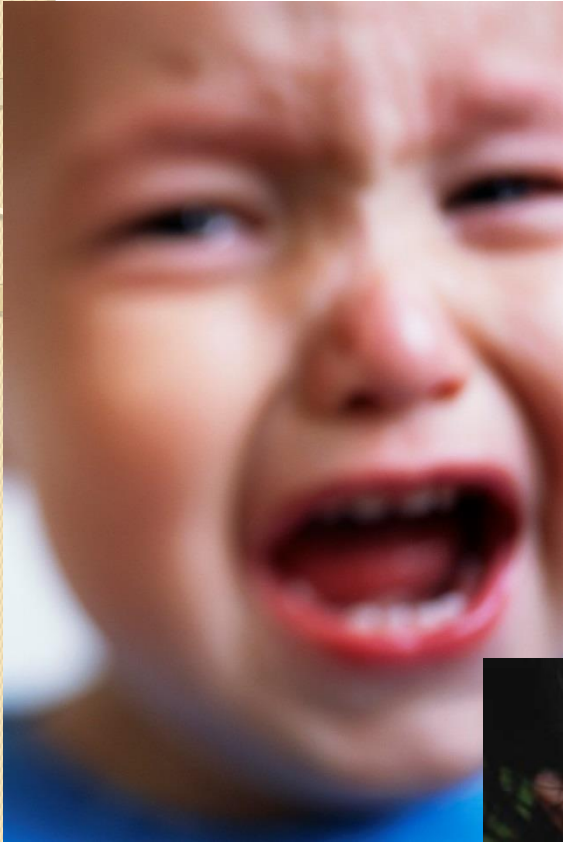
Think, Pair, Share

- Write down your understanding of ACEs
- Share with partner
- Share with group

What are ACEs?

Adverse Childhood Experiences

- ACEs are experiences in childhood that are unhappy, unpleasant, hurtful.
- Sometimes referred to as toxic stress or childhood trauma.



HISTORY OF THE ACE STUDY

- Originally an obesity study
 - Asking why success in change so difficult to find and maintain
 - Found connection between other and often higher risk behavior
 - Coping using other mechanisms (alcohol, drug, etc) before food
 - Exposed history of failed coping mechanisms, long history of NEED for those coping skills
- Kaiser Insurance study
 - Therefore, initially used a population sample from private insurance
 - Implications of SES?

What are ACEs?

Growing up (prior to age 18) in a household with:

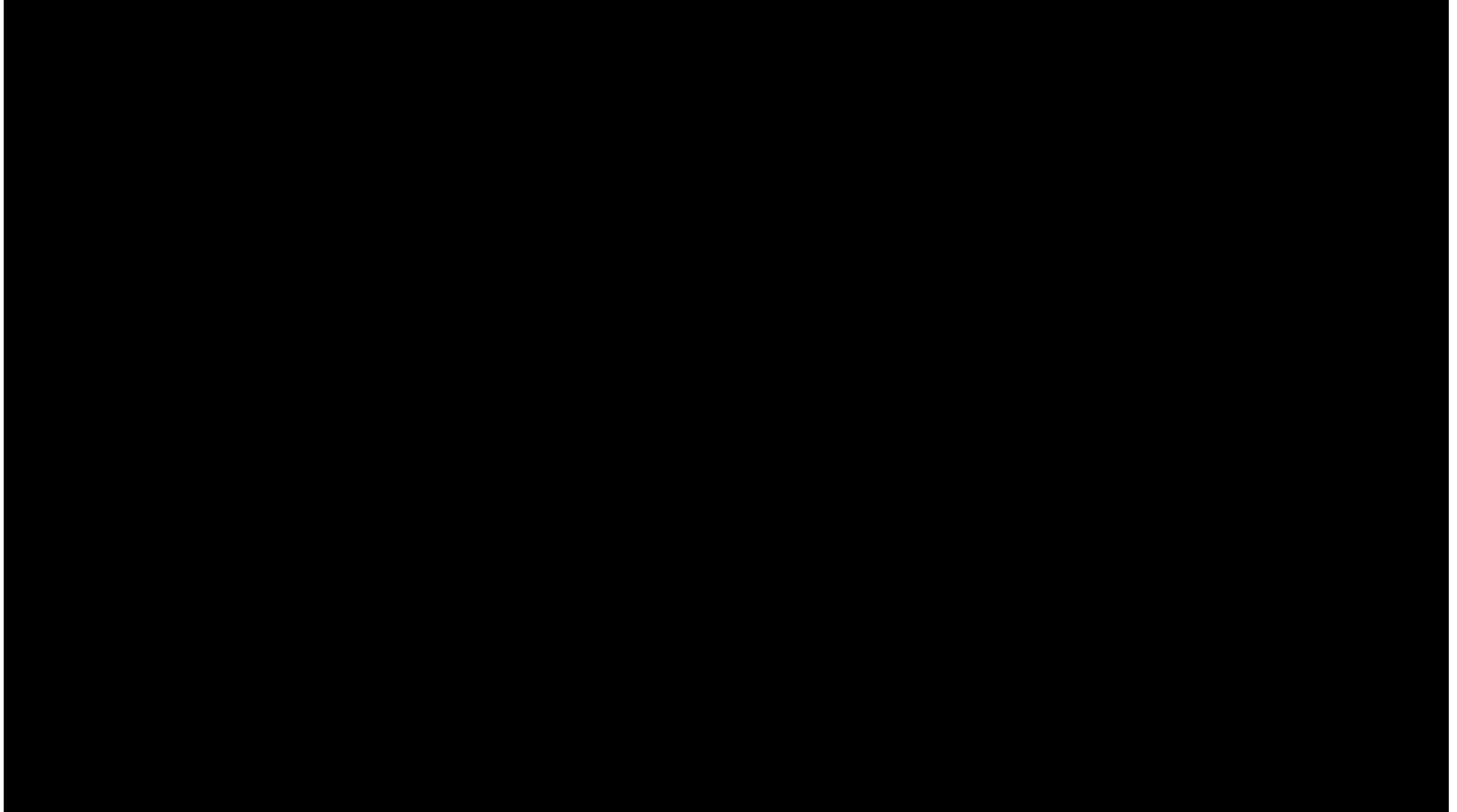
- ❖ Recurrent physical abuse.
- ❖ Recurrent emotional abuse.
- ❖ Sexual abuse.
- ❖ Emotional or physical neglect.
- ❖ An alcohol or drug abuser.
- ❖ An incarcerated household member.
- ❖ Someone who is chronically depressed, suicidal, institutionalized or mentally ill.
- ❖ Mother being treated violently.
- ❖ One or no parents.

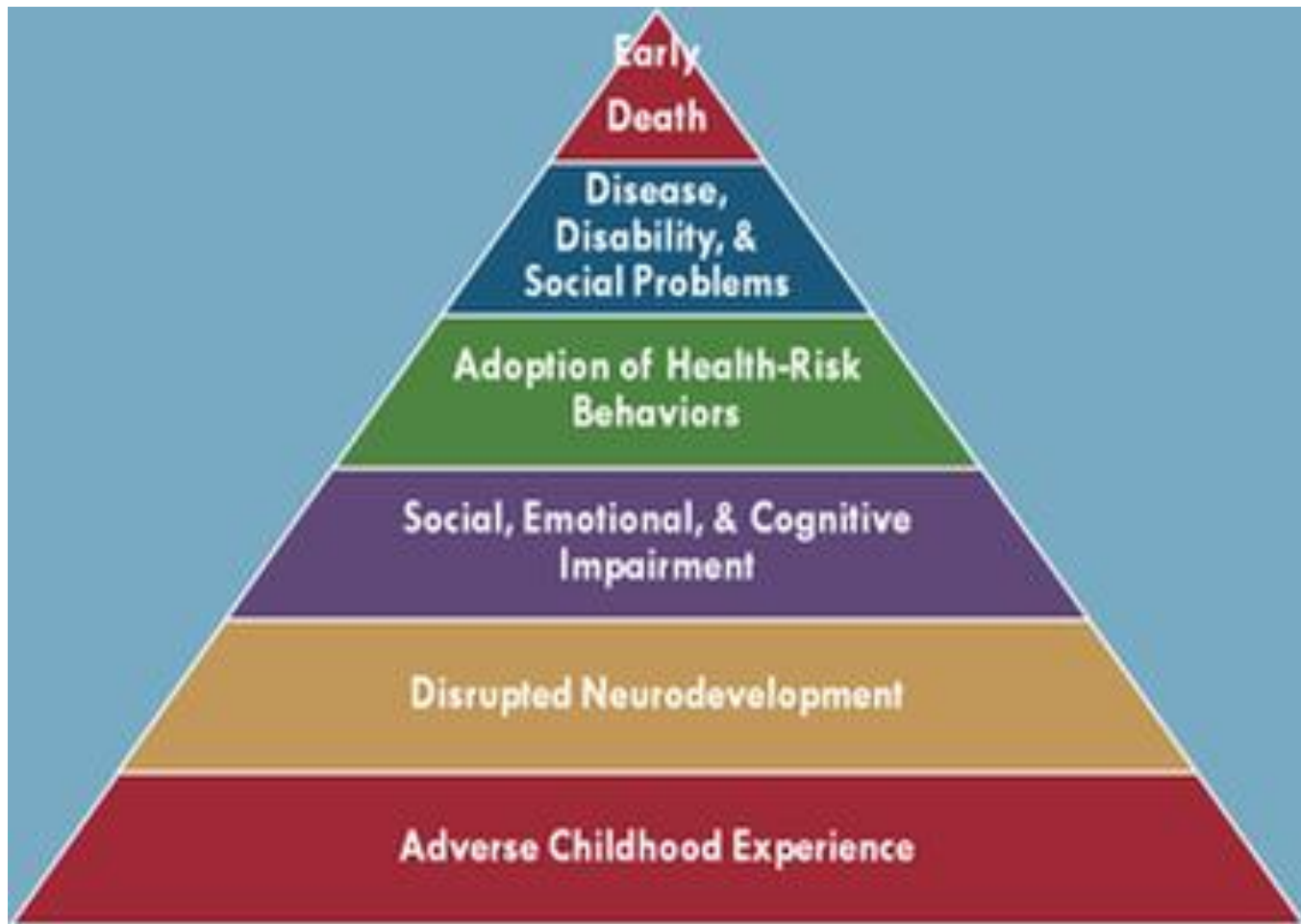
Why is this important?

Because ACEs are:

- ❖ Surprisingly common.
- ❖ Occur in clusters.
- ❖ The basis for many common public health problems.
- ❖ Strong predictors of later social functioning, wellbeing, health risks, disease and death.

ACEs Explained





Mechanisms by which Adverse Childhood Experiences influence health and wellbeing throughout the lifespan

Seeking to Cope

- ❖ The risk factors/behaviors underlying these adult diseases are actually effective coping devices.
- ❖ What is viewed as a problem is actually a solution to bad experiences.
- ❖ Dismissing these coping devices as “bad habits” or “self-destructive behavior” misses their functionality.

By adolescence, children seek relief through:

- ❖ Drinking alcohol
- ❖ Smoking tobacco
- ❖ Sexual promiscuity
- ❖ Using drugs
- ❖ Overeating/eating disorders
- ❖ Delinquent behavior

High-risk teen behaviors...

- ❖ May not be the core problem.
- ❖ May be coping devices.
- ❖ May be a way to feel safe or just feel better.



THINK, PAIR, SHARE

Think of one of the most difficult students you've worked with this year...

- Write down what you think that student's ACE score is.
- Lift and show the room that number

Adverse Events and Elementary School Children

“Adverse Events” include referral to child protective services, family violence, exposures to community violence, and residential instability (using McKinney Vento definition). 2,101 children, ages 5 to 12, from 9 schools were randomly selected, representing 50% of student population. Four of the schools are not Title I schools; five are Title I schools.

Findings:

1. Adverse Events are the greatest single predictor for health, attendance, and behavior.
2. Adverse Events are the second strongest predictor, after special education status, for academic failure.
3. The relationship between academic achievement and health status appears much less related to income than to Adverse Events.

ACEs in the Classroom

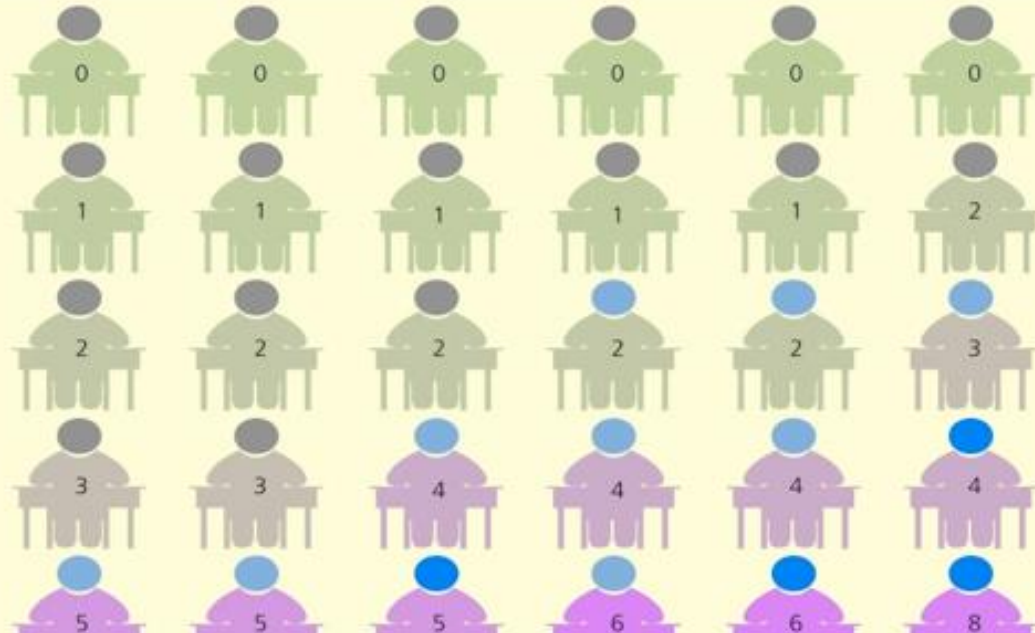


Washington School Classroom (30 Students) Adverse Childhood Experiences (ACEs)

6 students with no ACE
 5 students with 1 ACE
 6 students with 2 ACEs
 3 students with 3 ACEs
 7 students with 4 or 5 ACEs
 3 students with 6 or more ACEs

58% (17) students with no exposure to physical abuse or adult to adult violence
 29% (9) of students exposed to physical abuse or adult to adult violence
 13% (4) of students exposed to physical abuse and adult to adult violence

Population
Average



What we've learned:

Many people experience harsh events in their childhood. 63% of the people who participated in the ACEs study had experienced at least one category of childhood trauma. Over 20% experienced three or more categories of ACEs.

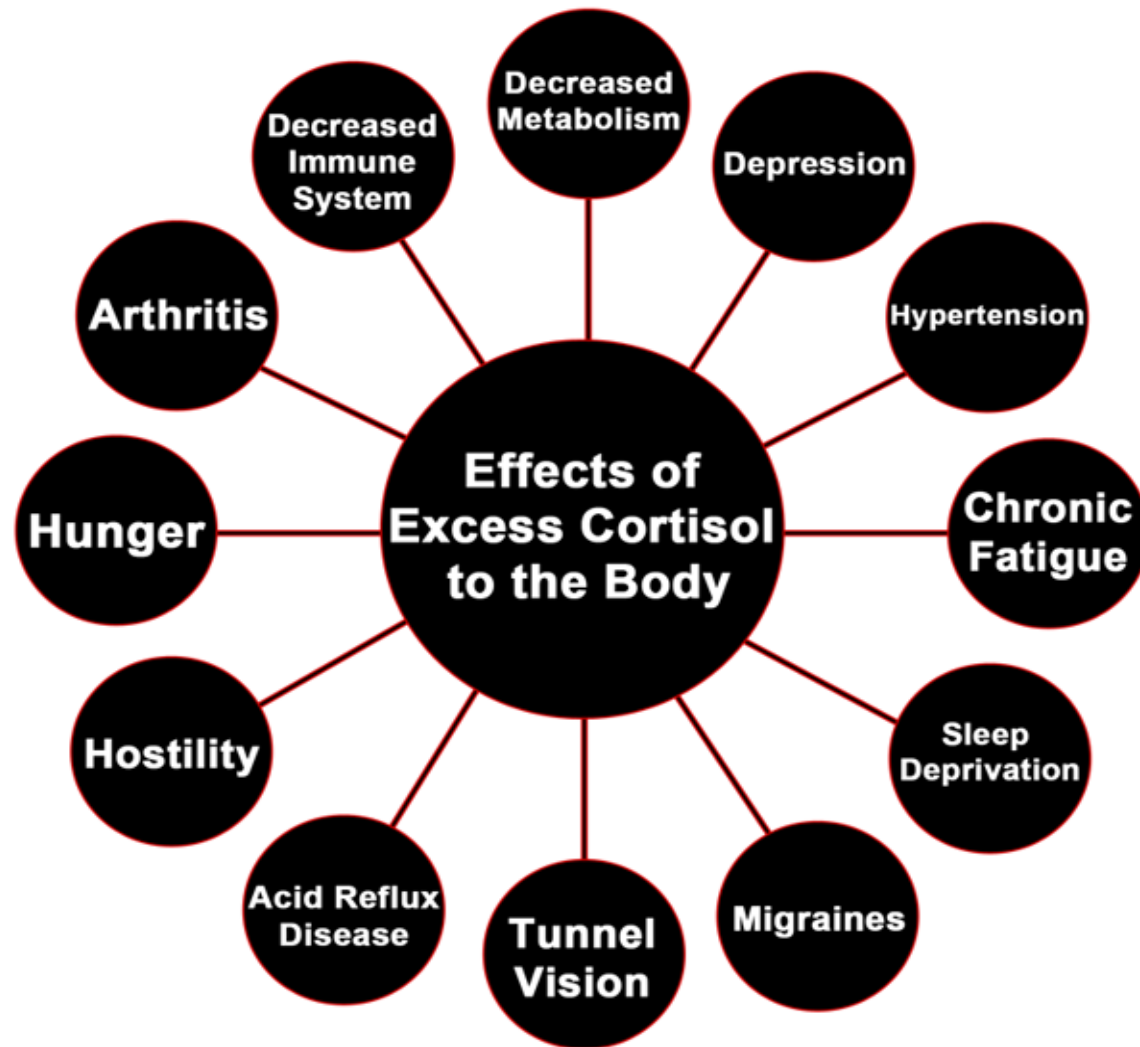
- ❖ 11% experienced emotional abuse.
- ❖ 28% experienced physical abuse.
- ❖ 21% experienced sexual abuse.
- ❖ 15% experienced emotional neglect.
- ❖ 10% experienced physical neglect.
- ❖ 13% witnessed their mothers being treated violently.
- ❖ 27% grew up with someone in the household using alcohol and/or drugs.
- ❖ 19% grew up with a mentally ill person in the household.
- ❖ 23% lost a parent due to separation or divorce.
- ❖ 5% grew up with a household member in jail or prison.

Perspective Change

Understanding ACEs can offer a different lens
to view our students



Effects of Stress

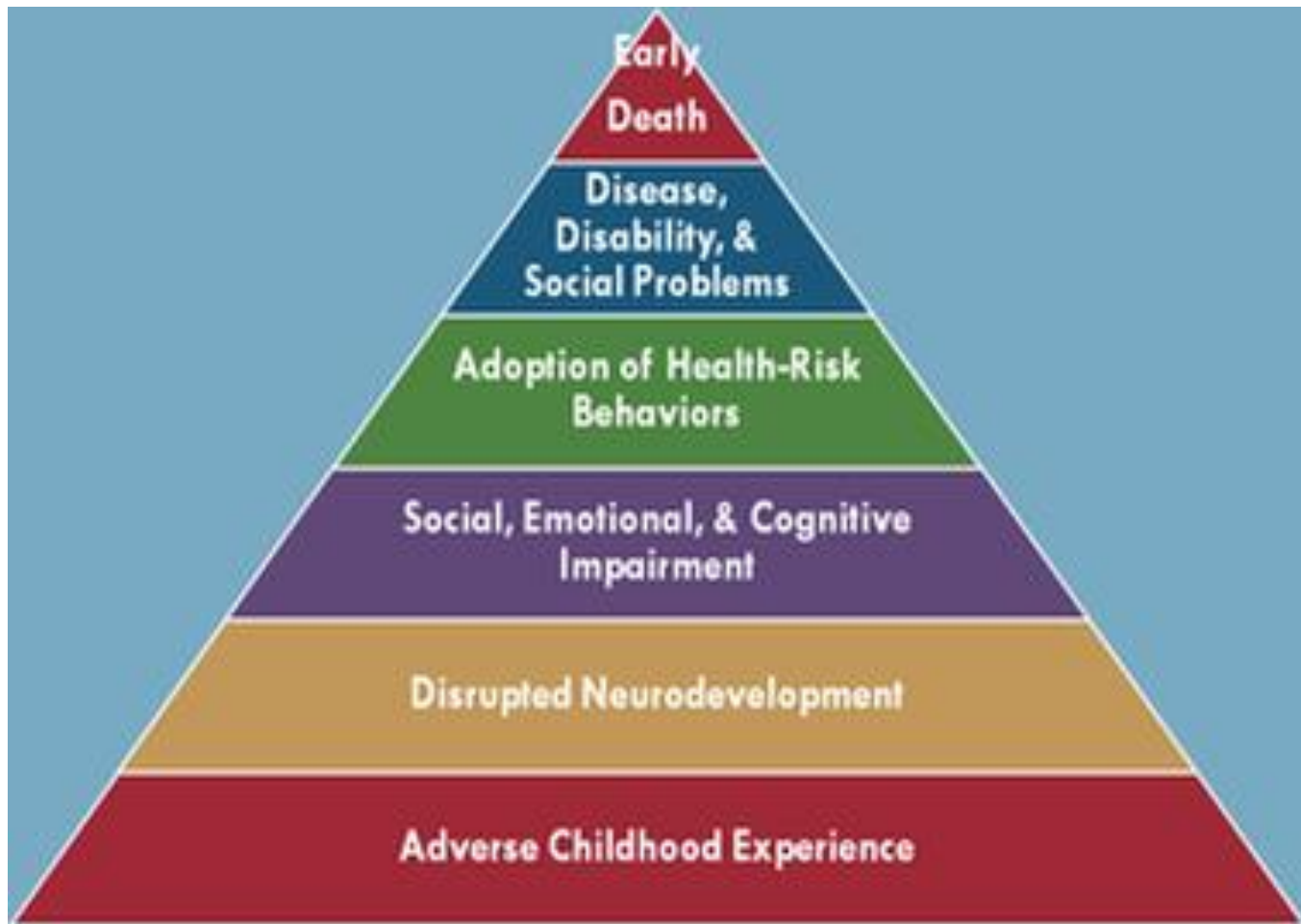


Cortisol - The Stress Hormone

Will Backner, Ph.D.

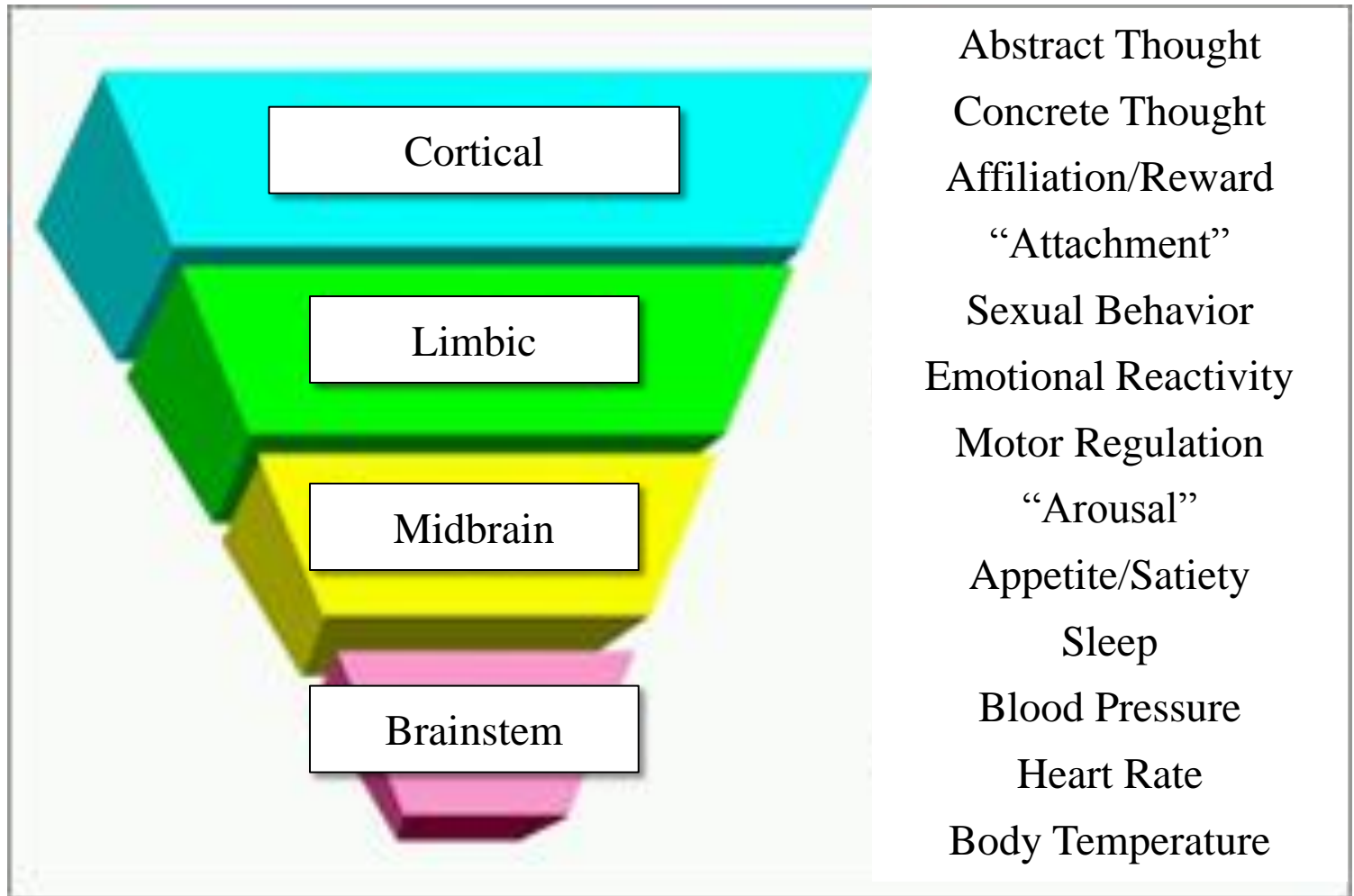


NEUROSEQUENTIAL MODEL OF EDUCATION



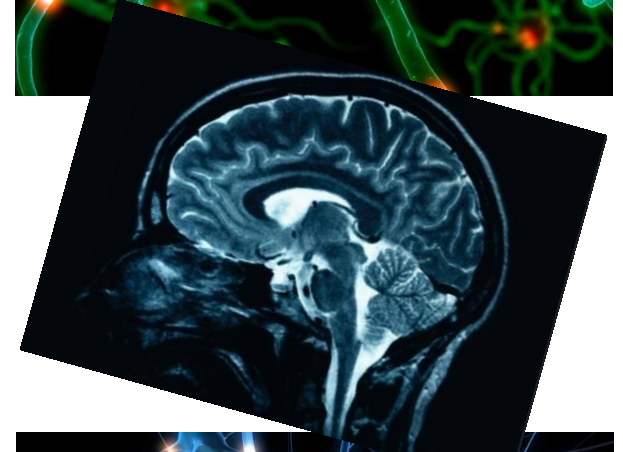
Mechanisms by which Adverse Childhood Experiences influence health and wellbeing throughout the lifespan

Brain Development



Early Brain Development

- ❖ Nurturing, responsive, and individualized interactions from birth build healthy brain structure.
- ❖ Healthy brain architecture is the necessary foundation required for optimal future learning, behavior and health.



Stress and the Brain

Excessive and repeated stress...

- ❖ Neglect, violence
- ❖ Chaos, unpredictability
- ❖ Hostility, rejection

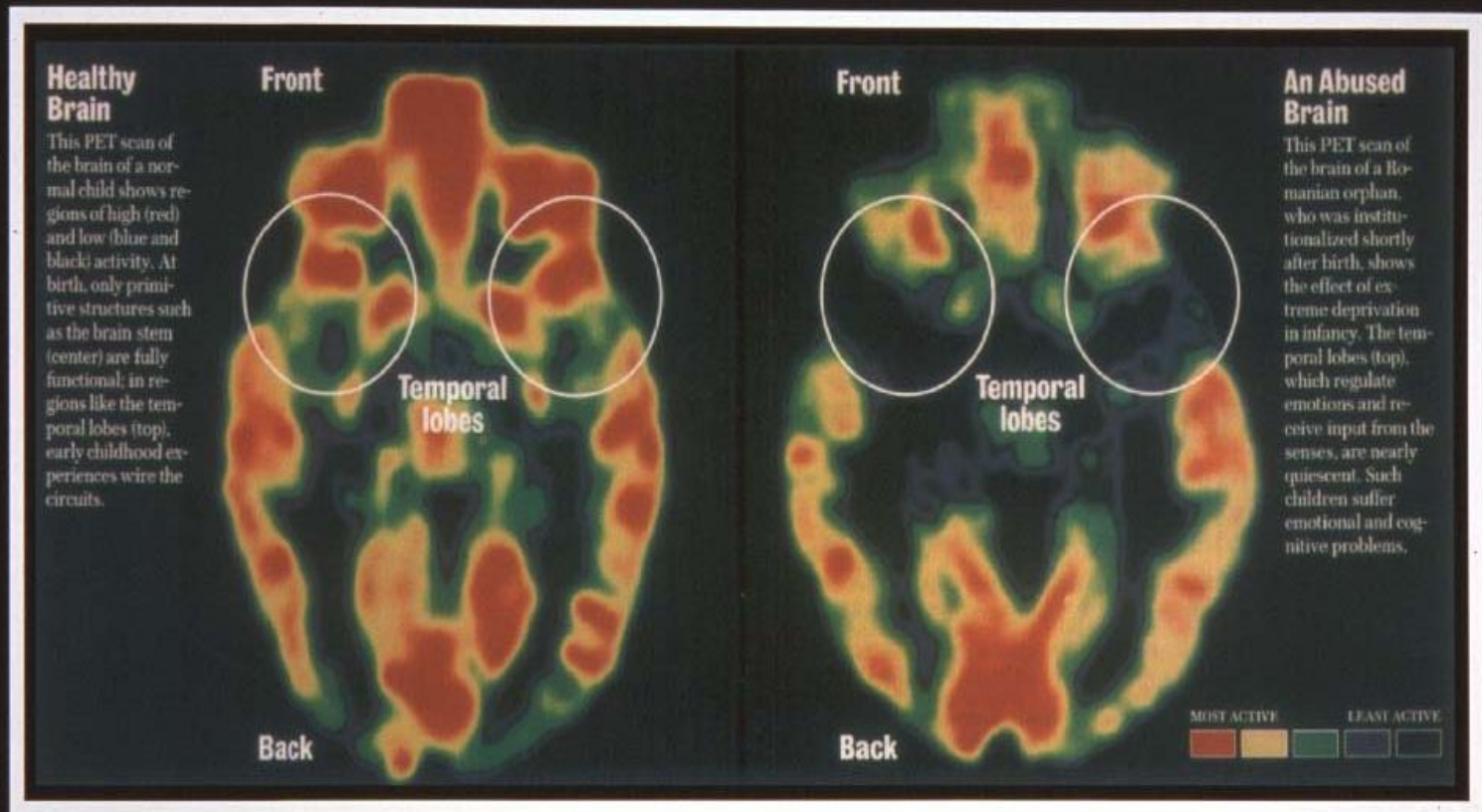


...causes disruption of brain architecture.

- ❖ Impairs cell growth
- ❖ Interferes with healthy neural circuits

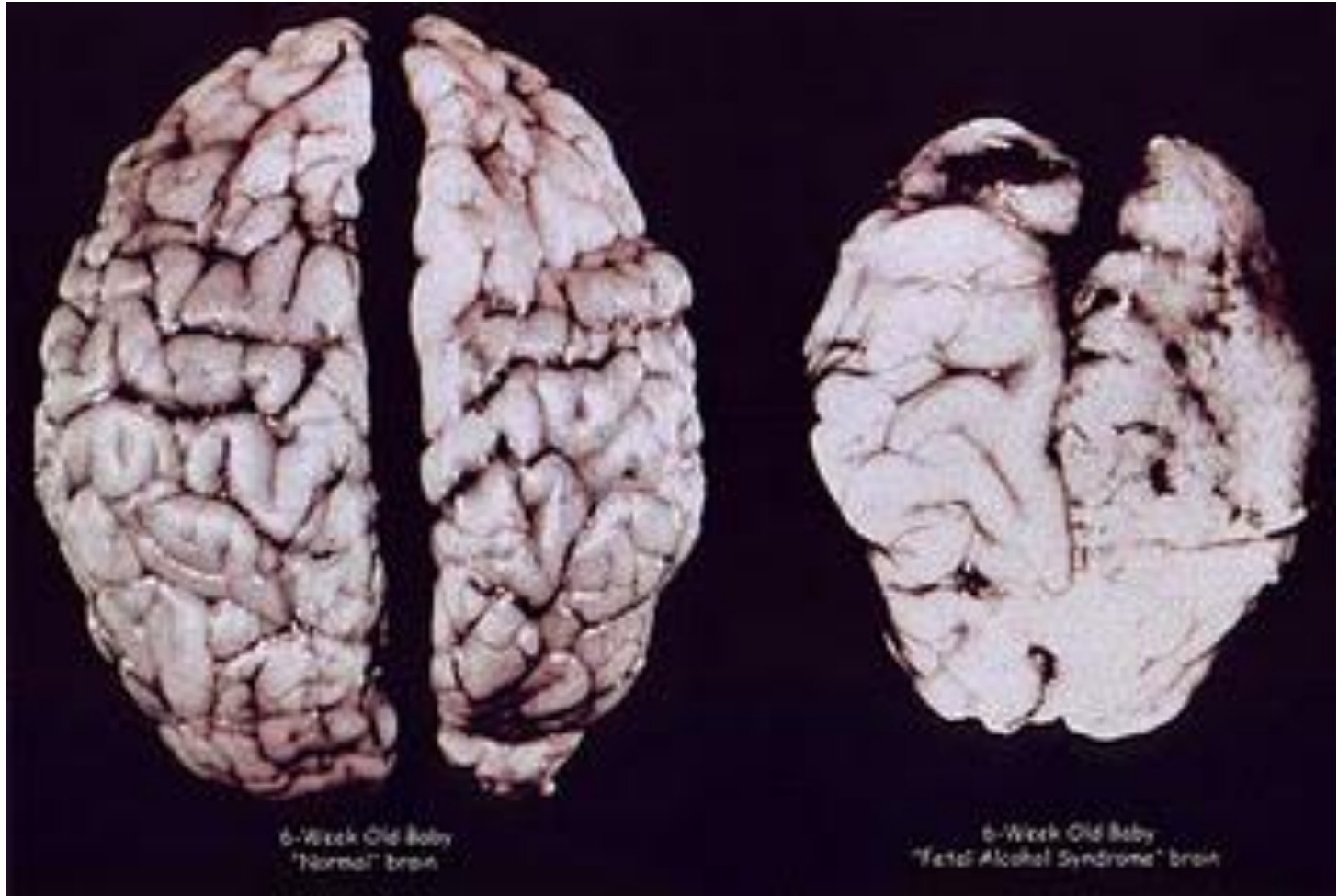
What does this look like?

Extreme neglect



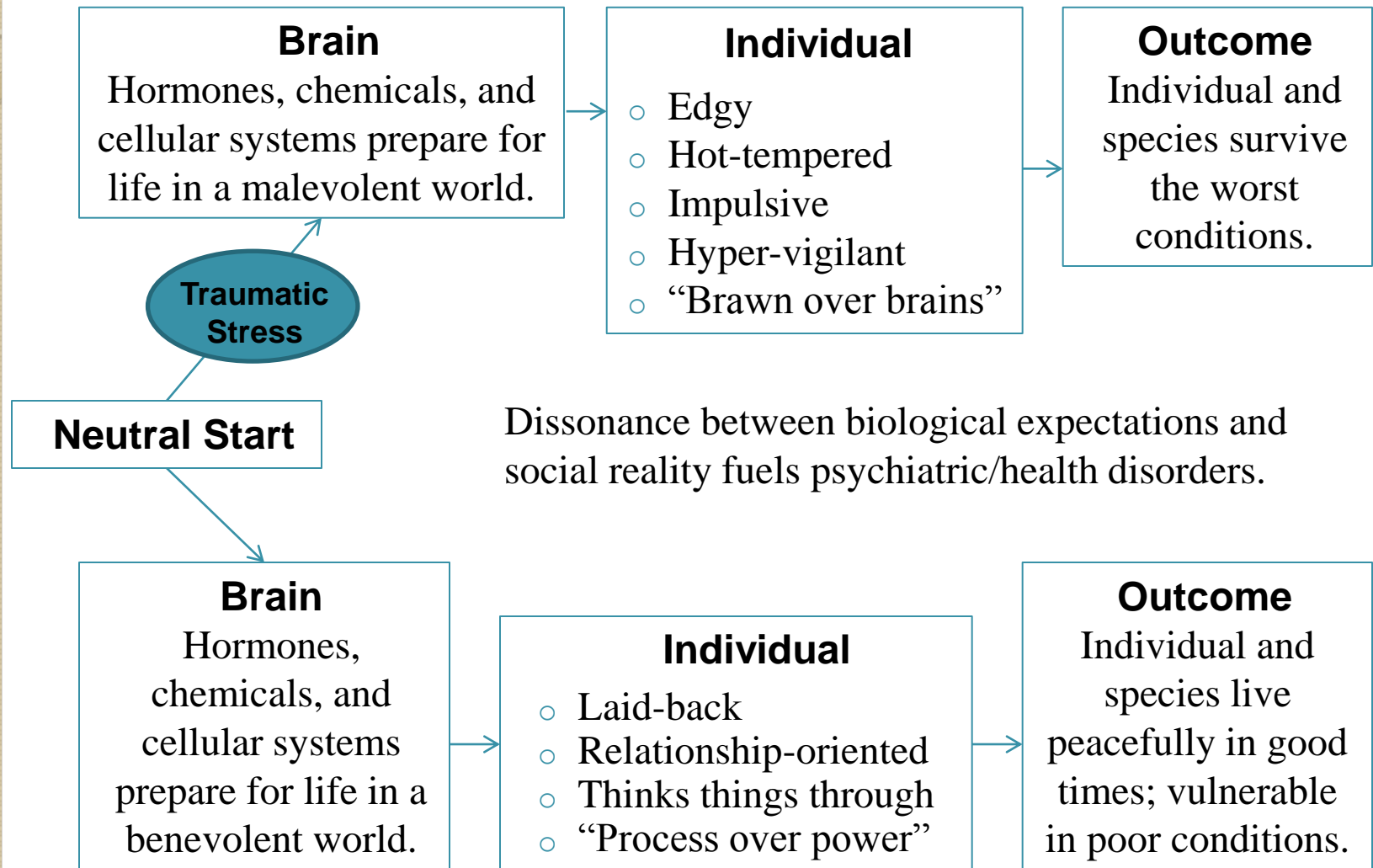
What does this look like?

6-week-old baby with Fetal Alcohol Syndrome



Brain Development Patterns

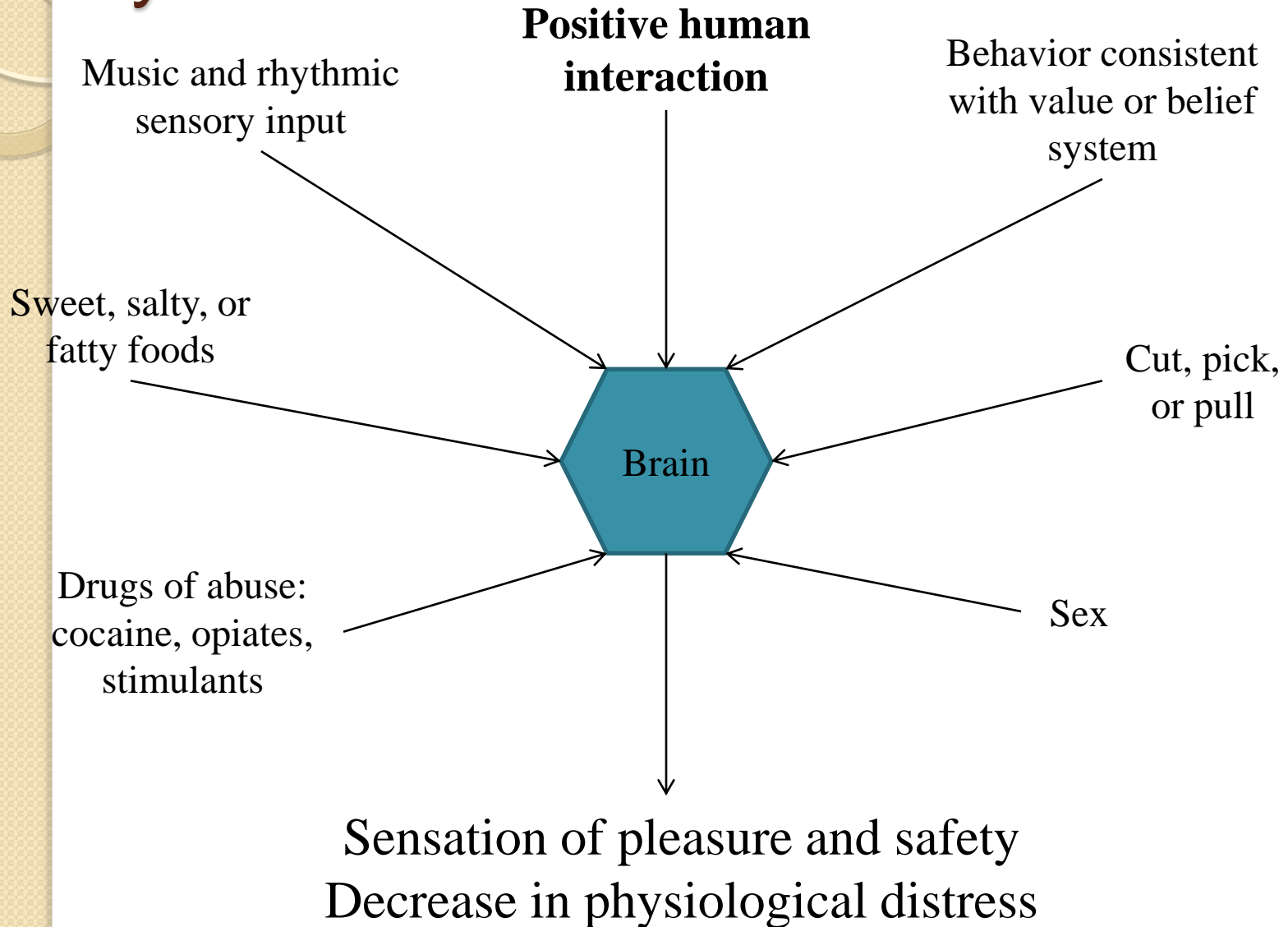
Adapted from the research of Martin Teicher, MD, PhD



The “Still Face” Experiment



Stimulation of “Reward” Neural Systems



Consequences

Cognitive

- Slowed language development
- Attention problems (ADHD)
- Speech delay
- Poor verbal memory/recall
- Loss of brain matter/general cognitive abilities

Social

- Aggression and violent outbursts
- Poor self-control of emotion
- Can't modify behavior in response to social cues
- Social isolation – can't navigate friendship

Mental Health

- Poor social/emotional development
- Alcohol, tobacco and other drug abuse – vulnerable to early initiation
- Adolescent and adult mental health disorders – especially depression, suicide, dissociative disorder, borderline personality disorder, PTSD

In the Classroom: Hyperarousal

Hyperarousal in the classroom may be seen in behaviors such as the following:

- ❖ Hyperactivity or inability to remain seated
- ❖ Tension, irritability, and impatience
- ❖ Anger outbursts and aggression
- ❖ Reactivity
- ❖ Defiance
- ❖ Hypervigilance
- ❖ Impulsivity
- ❖ Exaggerated startle response
- ❖ Chatter

Hypoarousal

Hypoarousal in the classroom may be seen in behaviors such as the following:

- ❖ Daydreaming, spacing out
- ❖ Forgetting assignments
- ❖ Forgetting material previously mastered
- ❖ Not processing material just read
- ❖ Lethargy, sleeping in class
- ❖ Hyperfocused on an activity and unaware of surrounding or activities
- ❖ Blocks an event or activity but maintains some level of functioning for other activities
- ❖ Self-soothing behaviors
- ❖ Laziness
- ❖ Lack of motivation

What hyperarousal and hypoarousal are NOT...

- ❖ Inattention or a voluntary shift in attention
- ❖ Willful matters of choice
- ❖ Within the individual's control

The physiological states of hyper- and hypo-arousal are automatic responses to stress, but the behaviors that go with those states are learned; in some ways, those behaviors were adaptive and helped keep the child safe in other circumstances.

Transitions Can Be Triggers

Transitions are huge stressors for children with a history of trauma. Transitions signal uncertainty, change, potentially unsafe situations, and loss of relationships. The following transitions may be difficult for students with a trauma history:

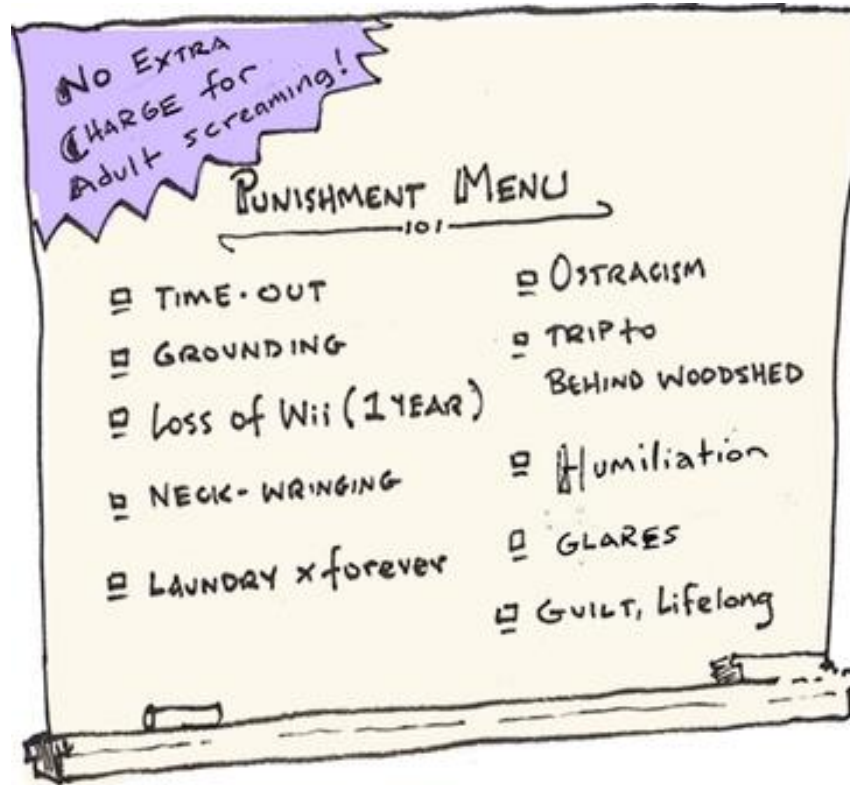
- Beginning or end of the day
- Period to period, or activity to activity
- Substitutes, new teachers, teachers/staff leaving
- End of semester or year
- New students in class, or students leaving or moving away
- Field trips
- Any focus on the future, grown-up life, the “magic 18”, or graduation

In your experience...

- ❖ How do our major social services, health, justice, education, and mental health systems respond to young people who act in this survival mode?
- ❖ How do these systems' responses work for children and families?
- ❖ Think, pair, share

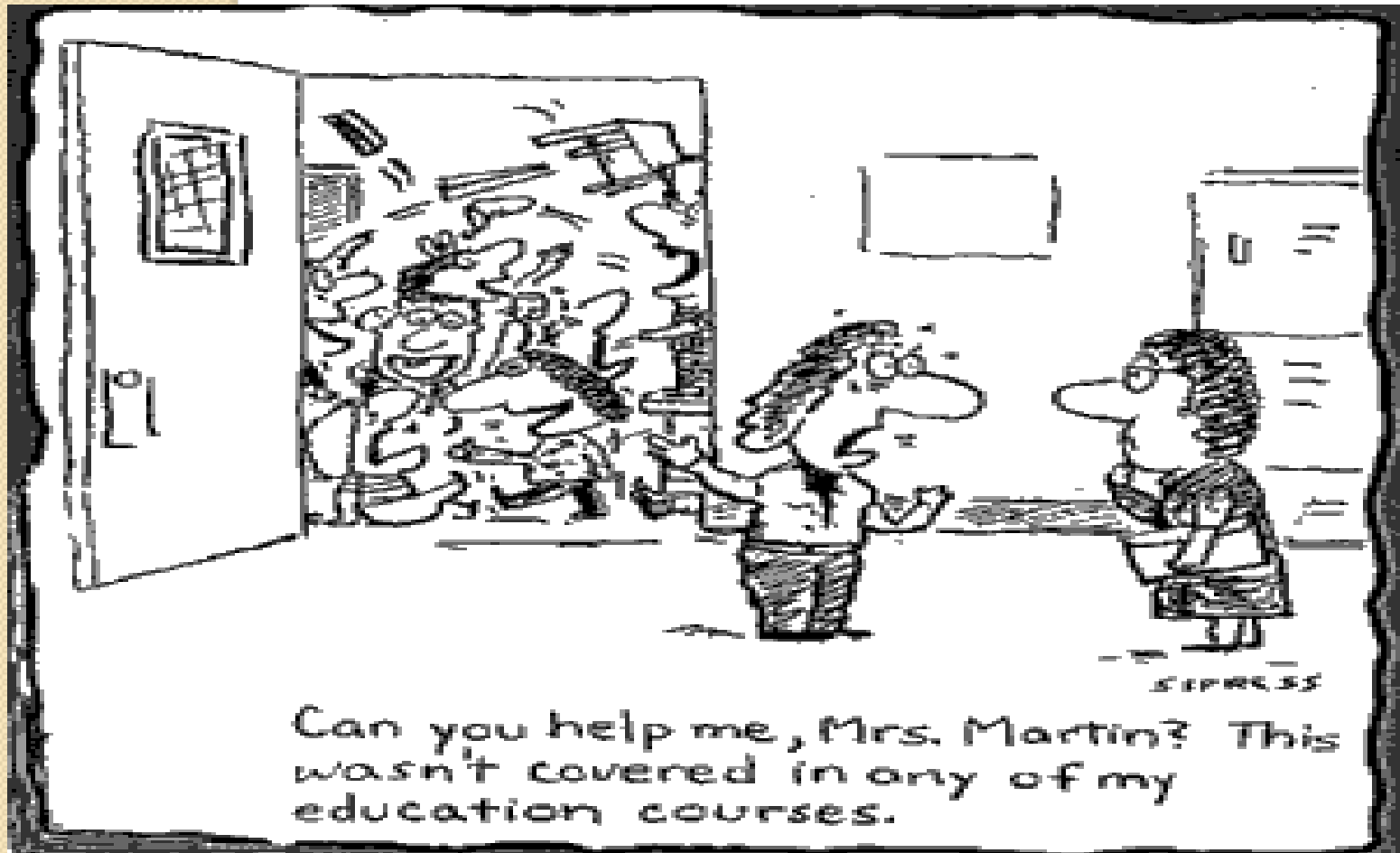


Now what?



Kelly Running

CPS

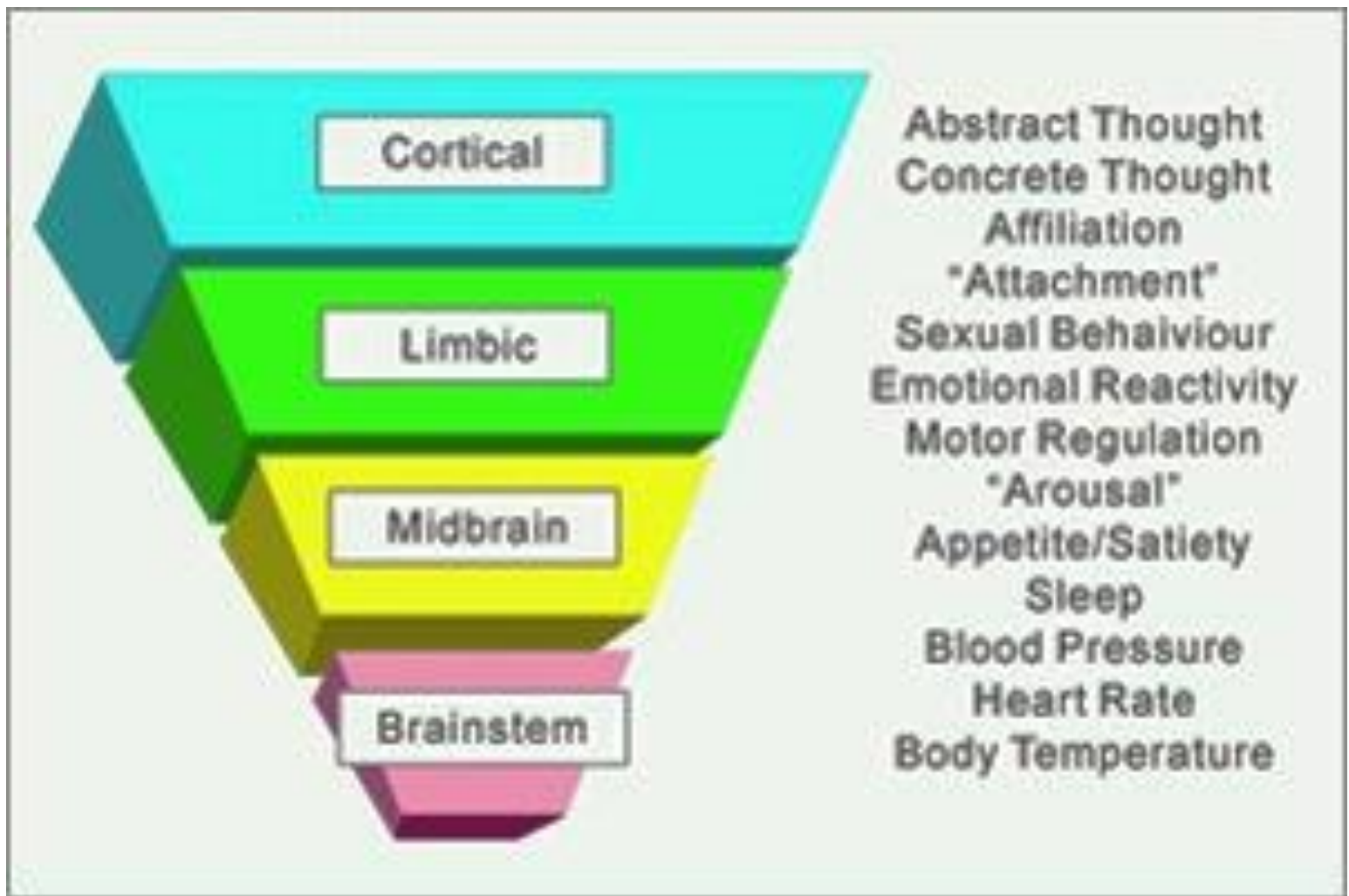


Kids do well if they can...

What does that mean to you?

- Write it down
- Share with your neighbor
- Share with group





Cognitive States

ChildhoodTrauma.org

Adaptive Response	Rest	Vigilance	Freeze	Flight	Fight
Predictable de-escalating behaviors (behaviors of the teacher or caregiver when a child is in various states of arousal)	Presence Quiet Rocking	Quiet voice Eye contact Confidence Clear, simple directives	Slow sure physical touch “Invited” touch Quiet, melodic words Singing, humming music	Presence Quiet Confidence Disengage	Appropriate physical restraint Withdraw from class TIME!
Predictable escalating behaviors (behaviors of the teacher or caregiver when a child is in various states of arousal)	Talking Poking Noise Television	Frustration, anxiety Communicate from a distance without eye contact Complex, compound directives Ultimatums	Raised voice Raised hand Shaking finger Tone of voice, yelling, threats Chaos in class	Increased or continued frustration More yelling Chaos Sense of fear	Inappropriate physical restraint Grabbing Shaking Screaming
Regulating brain region	Neocortex Cortex	Cortex Limbic	Limbic Midbrain	Midbrain Brainstem	Brainstem Autonomic
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive
STATE	Calm	Alert	Alarm	Fear	Terror

Why CPS ???

- Model used for **10+** years in a variety of milieus
- CPS is considered an **Evidence Based Practice**
- CPS was designed specifically to be effective with youth who are **unresponsive** to traditional behavioral interventions
- CPS is **also effective** with individuals who are responsive to traditional methods, and may be more effective than conventional methods.
- CPS' s effectiveness is **not limited** to age, race, gender, diagnosis, IQ, etc. (It can be used effectively with pretty much anyone – including adults!)
- Correct implementation of CPS **improves** *safety and security as well as behavioral compliance and skill development.*
- *Research* indicates it actually can lower staff stress.

CPS Overview

Kids do well if they can...

**....if not, we need to
figure out what's getting
in their way so we can
help**

Conventional Wisdom



***Teach behaviors through
rewards and
consequences.***

Unconventional Wisdom

Form of learning disability



Maladaptive Behavior is result of
Lagging Skill **not** Will

Lagging Skill Areas

- Executive Functioning
- Language Processing Speed
- Emotional Regulation Skills
- Cognitive Flexibility Skills
- Social Skills

Why the emphasis on Lagging Skills?

Helps Adults:

- Understand that a maladaptive behavior is not intentional, goal-oriented, manipulative or attention-seeking.
- Understand why incentive programs haven't made things better – and won't.
- Understand why they need a different approach.

Lagging Skills + Triggers

Behind every challenging behavior is a
lagging skill & a trigger



Challenging behaviors are
highly predictable

CPS is a Process... and it's work in progress!



The CPS Plans

Plan A

Adult imposes will to make child
meet expectations



Plan C

Adult Drops Expectation, for
now...



Plan B

Heart of CPS

Adults & Kids working together to solve problems in mutual satisfaction



CPS builds a helping relationship, thinking skills, intrinsic motivation and confidence while solving problems.

Practical Strategies

- **Staff Consult:** Lagging Skills & CPS
- **Discipline:** CPS
- **ASD Learning Profiles**
- **Student & Family Interviews**
- **Behavior Support Plans:** FBA's, LS, Intervention
- **Therapeutic Learning Center:** Backbone of Classroom
- **District H drive**

Kids Struggling the Most are Working the Hardest



How to Start CPS-style Day 1

Relationships— greet them at the door!

Listen!



Pearson Education



Summary

Our Evolution at HRCSD



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Discussion and Questions

Resources

BOOKS

THE BOY WHO WAS RAISED AS A DOG: AND OTHER STORIES FROM A CHILD PSYCHIATRIST'S NOTEBOOK: WHAT TRAUMATIZED CHILDREN CAN TEACH US ABOUT LOSS, LOVE, AND HEALING.
BRUCE D PERRY, MD, PHD, & MAIA SZALAVITZ (2007)

BORN FOR LOVE.
BRUCE PERRY (2011)

ZONES OF REGULATION.
LEAH KUYPERS, MA (2011)

EXPLOSIVE CHILD.
ROSS W. GREENE, PHD. (2010)

WEBSITES

ACESTOOHIGH.COM

ACESCONNECTION.COM

THINKKIDS.ORG

LIVESINTHEBALANCE.ORG

CHILDTRAUMA.ORG

CONTACT INFORMATION

ANNE CARLOSS

SPECIAL EDUCATION DIRECTOR

541.387.5025

ANNE.CARLOSS@HOODRIVER.K12.OR.US

FLURRY STONE

SCHOOL PSYCHOLOGIST

541.387.5027

FLURRY.STONE@HOODRIVER.K12.OR.US

WILL BACKNER

SCHOOL PSYCHOLOGIST

541.387.5035

WILLIAM.BACKNER@HOODRIVER.K12.OR.US

KELLY RUNNING

BEHAVIOR AND AUTISM SUPPORT

541.387.5029

KELLY.RUNNING@HOODRIVER.K12.OR.US