

All About Me

- * Background
- * Experience
- * Current role
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PLEASE PLEASE PLEASE

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Objectives

Have:

-
- An awareness of attitudes necessary to help children de-escalate
- A working knowledge of brain chemistry related to emotional decompensation.
- A number of ideas about interventions that can help with de-escalation.

De-escalation Strategies

A Bit of Background Information:

ACES study:

<https://www.youtube.com/watch?v=95ovIJ3dsNk&t=14s>

Trauma Informed Care:

<https://www.cdc.gov/violenceprevention/aces/index.html>

World View: (this is important)

Typical Development

Vs.

Developmental Trauma

- Nurturing & stable attachments with adults
 - Belief in a predictable and benevolent world – generally, good things will happen to me
 - Feeling of positive self worth – others will see my strengths.
 - Optimism about the future
 - A belief that I can positively effect my world
- A basic mistrust of others – inability to depend on others
 - A belief that the world is an unsafe place and that bad things will happen to me
 - An assumption that others will not like me and will harm me
 - Fear/pessimism about the future
 - Feelings of hopelessness, lack of self efficacy.

this
is
what
the
world
can
look
like to
kids
with
trauma



Mindset/Beliefs.

UnHelpful

- (Insert unkind adjective) Kid
- They don't care
- This is hopeless
- Need to end this now

Helpful

Doing the best they can
They are in distress
This will pass
Things take time

Brain Chemistry

When in emotional crisis, our prefrontal cortex does not work well:

Functions of “upstairs” brain (Dr. Dan Siegel):

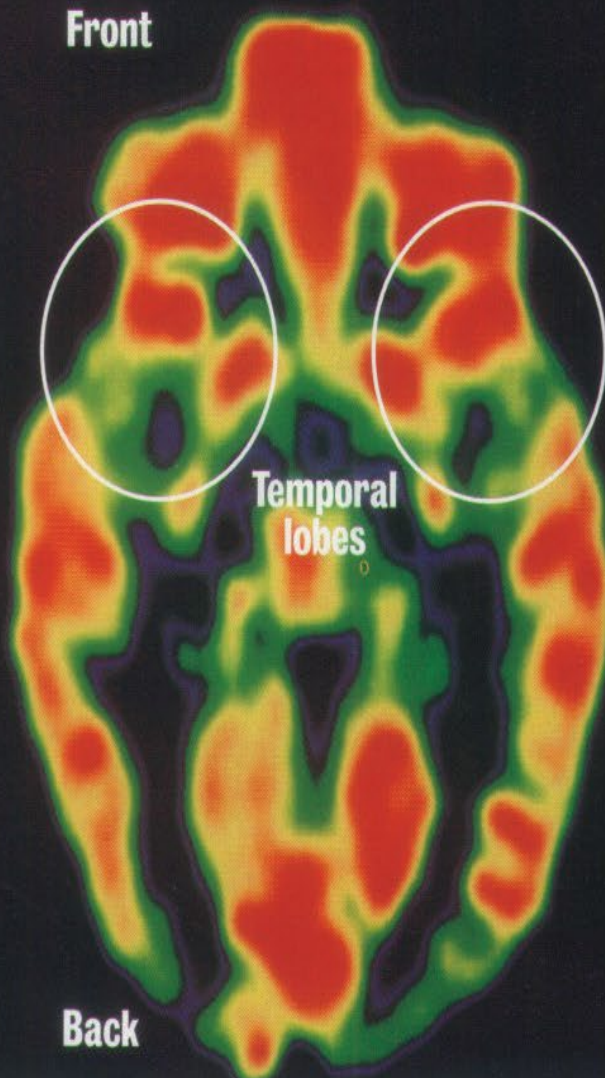
- 1. regulate the body – (heart/lungs)
- 2. relate to others – perspective taking, empathy, compassion
- 3. emotional balance
- 4. response flexibility – space between impulse and action
- 5. calm fear

• https://www.youtube.com/watch?v=G0T_2NNoC68

ACEs Impact on Brain Development

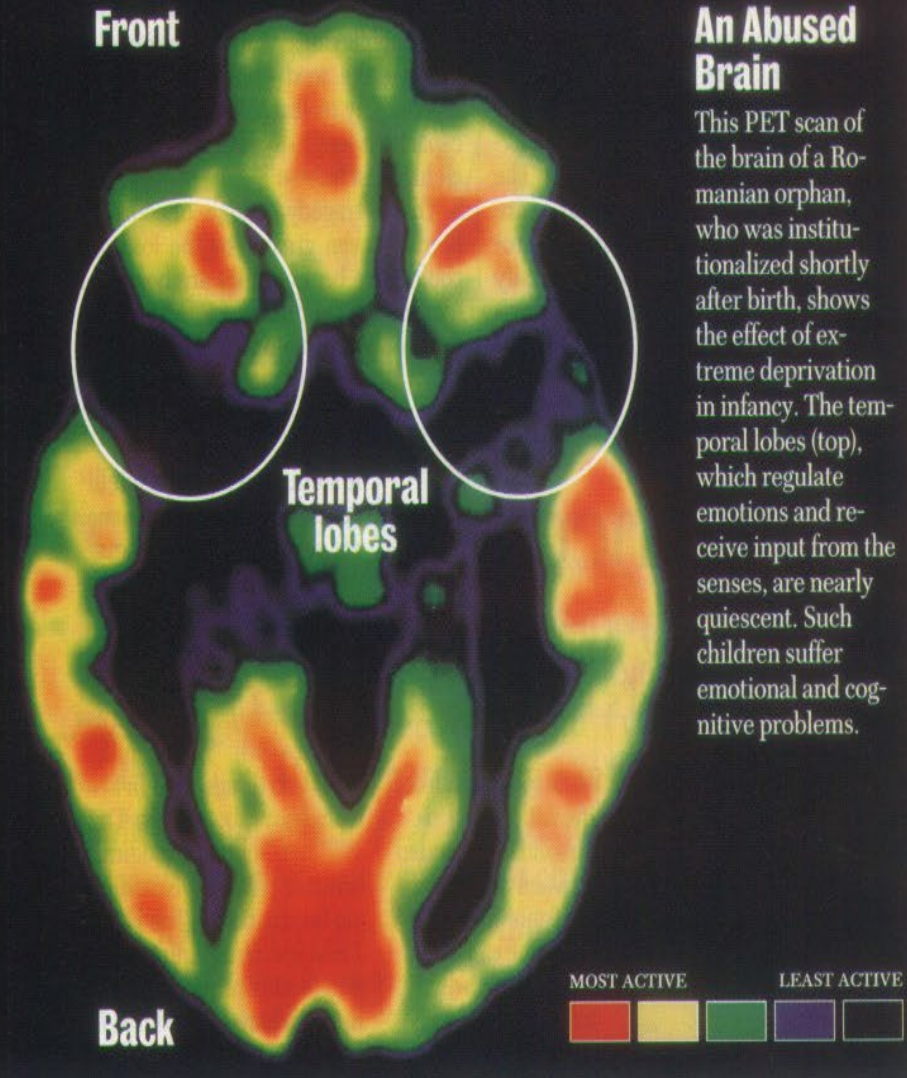
Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



An Abused Brain

This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



Interventions/Strategies

Self Awareness

We are affected by this situation -

Self monitoring -

My affect

My body

My voice

My posture

What am I modeling?



Breathing

- <https://www.youtube.com/watch?v=RVA2N6tX2cg>

- 2 Takeaways:

- 1. Kids are talking about what happens under stress and how they act - they CLEARLY do not like acting the way they do - our interventions must show an awareness of that.
 2. The importance of breathing in the calming sequence.

Use of Language

RATHER THAN:

What did you do?

When you did that . . .

You were (or looked) angry.

Why did you do that?

- You need to . . .
-

HOW ABOUT:

What happened?

When that happened . . .

You looked angry and sad/anxious/frustrated.

Tell me about that . . .

How can we fix this?/ Let me help you with that

Interventions: Use of Language

RATHER THAN:

You Can't Do That

But

- Inappropriate

HOW ABOUT:

I don't think you want to do that,
that's not who you are
You're better than that
That is not helpful etc.

And

not helpful to you (and/or others)

Look for positive intent.

- Problematic behavior may have a positive intent
 - Alex, Luke
- Asking the “what happened” question increases our chances of learning this.
- When this is learned, we can help kids learn skills to achieve their intent in more functional ways.
- Allows us to praise a part of their non-functional behavior. (relationship development - they feel understood, encourages guilt, not shame).

Focus on Feelings, not Behavior.

- Respond to the feelings as much or more as the behavior.
 - Example:
- Conveys understanding (they don't like being that way)
- Can speed up the “processing process”
- Can result in students feeling they made a mistake, not that they are “bad”.

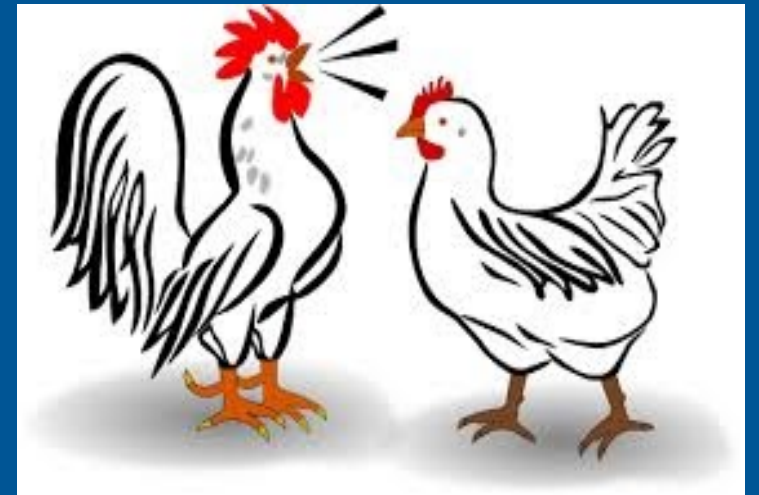
Co-regulation

- Co-regulations refers to providing a safe presence with little expectation until the pre-frontal cortex is working (or till they calm down and can think).
- Minimize expectation during this time
 - This can slow down or exacerbate the difficulty
- Distract -
 - Allows kids to get into their “smart” brain
- Involve fewer people, use fewer words - leave them alone, sometimes
- Use language that makes it easy for them to join them.



Be the 2nd Chicken

- Be the 2nd chicken. https://www.colorfulschools.org/child_anxiety_santa_barbara.htm



Interventions for Children with DD

- Use Fewer Words -

Resources are already overwhelmed. Avoid over-explaining, over-helping

When giving directions or requests, give time to process

Activity

-can be used as a distraction.

Pencil, paper, games

Swing

Go for a walk

Catch



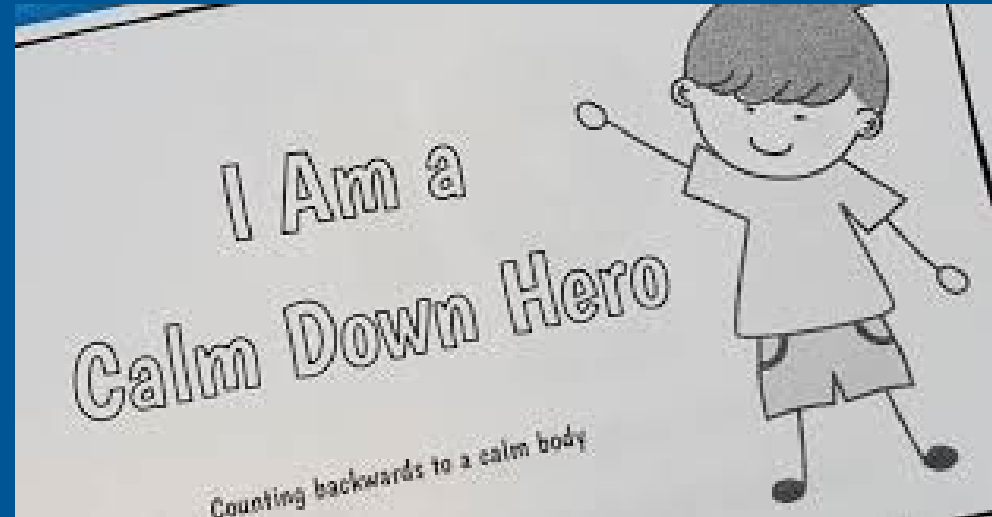
Use Visuals

Paper,

White board,

Phone

Your Own body



For Parents

- They are probably also in crisis -
- Consider some of the same strategies for them.

Virtual De-escalation

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Since relationship is our most powerful tool (bar far) virtual de-escalation is challenging, but can be done.

Some thoughts:

Virtual de-es

1. If child gets on screen at all, make a big deal out of it.

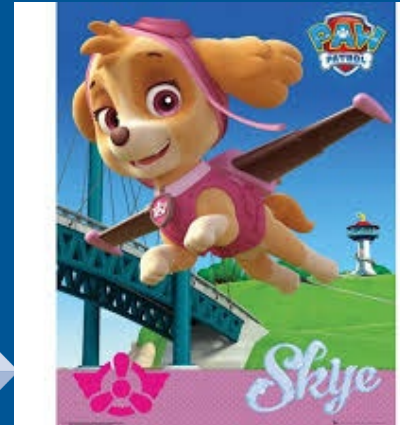
(Thanks for seeing me, I know this feels really awkward, I admire you for being willing, etc.)

2. Look for things to join on, talk about prior to “the problem”

(Pics in the background that might clue you to interests (pets, dinosaurs, Paw Patrol (yep, I know what that is!), unicorns, video games, animals etc.)

3. Into yourself, become as human as you can -let them know who you are, some things about you that might help them join.

4. Other interventions as virtual - ness allows



For Parents

- Teach these strategies, as appropriate
- Psychoeducation, when appropriate
- Be a person, not a role

Self Care

- Be aware of secondary traumatic stress
- Don't do this alone