COLLABORATING IN THE SCHOOLS TO SUPPORT REGULATION FOR STUDENTS THAT HAVE EXPERIENCED TRAUMA

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LEARNING OBJECTIVES

By the end of this program, participants will be able to describe how having experienced trauma in childhood can affect school performance.

By the end of this program, participants will be able to articulate collaborative supports which help facilitate regulation for the child that has experienced trauma.

By the end of this program, participants will be able to identify what multifaceted programming occupational therapy practitioners can provide for this population in the schools.
FRAMES OF REFERENCE

• Sensory Modulation and Trauma Informed Care by Tina Champagne
• Sensory Processing and Integration
• STAR Institute for SPD
• DIR/ Floortime
• The Neurosequential Model in Education- Dr. Bruce Perry
• Polyvagal Theory
PREVALENCE ESTIMATES OF ACES IN AMERICAN PUBLIC SCHOOLS

In a typical American public elementary school classroom:

- About 50% of students are likely to have at least one ACE
- About 25% likely to have multiple ACEs
- >6% are likely to have 4+
- By high school, 13 of 30 students have likely experienced 3 or more ACEs
Experiencing trauma can cause what is known as **TOXIC STRESS**

- **POSITIVE**: Brief increases in heart rate, mild elevations in stress hormone levels.
- **TOLERABLE**: Serious, temporary stress responses, buffered by supportive relationships.
- **TOXIC**: Prolonged activation of stress response systems in the absence of protective relationships.
EXTERNAL RESOURCES

• Safe and supportive family or extended community
• Caring climate in child-care & educational settings
• Parent involvement in childcare & education
• Safe housing
• Boundaries & positive expectations
• Adult role models
• Positive peer relationships
• Constructive use of time
• Out-of-home & community programs
• Consistent access to nutrition and hydration, education, health care

(Search Institute, 2005)
INTERNAL RESOURCES

- Good coping skills
- Self-Regulation
- Engagement in learning experiences
- Caring and sense of responsibility
- Healthy lifestyle
- Planning & decision making - sense of purpose
- Adequate problem solving
- Interpersonal and social competence
- Communication Skills
- Positive Identity and self esteem
- Positive view of personal future

(Search Institute, 2005)
EFFECTS OF TOXIC STRESS ON THE BRAIN AND BODY

- Physiological stability (Neurobiology and Epigenetics Influenced)
- Trouble with regulation
- Can lead to constant state of trauma related hyperarousal
- Prefrontal cortex unable to guide executive function
- Overreactive limbic system
- Sensory modulation difficulties- overresponsivity or underresponsivity to auditory, tactile, and vestibular
- Hypervigilance, especially to visual
Dan Siegal's work highlighted in The Interpersonal Neurobiology of Play by Theresa Kestly.
REDUCED PARTICIPATION AND PERFORMANCE IN SCHOOL

Present as ADHD, conduct disorder, oppositional defiant disorder, reactive attachment, disinhibited social engagement, and/or acute stress disorders

More likely to have been suspended, failed a grade, have lower academic achievement, impaired intellectual capacity, poor executive functioning, difficulty with memory and concentration, language delays, challenged in relationships with peers and teachers, delayed play skills
## HOW DOES THIS LOOK?

REFERENCE: FOSTERING RESILIENT LEARNERS BY KRISTIN SOUERS AND PETER A. HALL

<table>
<thead>
<tr>
<th>Flight</th>
<th>Fight</th>
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<tbody>
<tr>
<td>• Withdrawing</td>
<td>• Acting out</td>
<td>• Exhibiting Numbness</td>
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<td>• Fleeing the classroom</td>
<td>• Behaving Aggressively</td>
<td>• Refusing to answer</td>
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<td>• Skipping Class</td>
<td>• Acting silly</td>
<td>• Refusing to get needs met</td>
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<td>• Daydreaming</td>
<td>• Exhibiting defiance</td>
<td>• Giving a blank look</td>
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<td>• Seeming to sleep</td>
<td>• Being hyperactive</td>
<td>• Feeling unable to move or act</td>
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<td>• Avoiding others</td>
<td>• Arguing</td>
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CASE EXAMPLE

• “While in the regular education setting, student was exhibiting highly concerning behavior including self-biting, negative self talk, environmental aggression and refusal to participate. The presence of these behaviors impacted his ability to access the curriculum.” (BCBA Report)

• “Student has a tendency to lose emotional control when his routines or perspectives are challenged and/or flexibility is required. In addition, student's emotional profile places him well within the clinical range for symptoms of depression. Behaviors include self-deprecating comments, self-injurious behaviors and his tendency to socially withdraw.” (School Psychologist Evaluation)

• “Student has significant sensory modulation difficulties that are characteristic of sensory overresponsivity, particularly with vestibular and auditory input. Student specifically can get overstimulated in a busy environment and then his arousal level dramatically increases.” (Occupational Therapy Evaluation)
IMPORTANCE OF REGULATION WHEN WORKING IN THE SCHOOLS

- Foundation for accessing school environment and social interactions in school
- Allows students to focus, attend, and participate in school
- Provides capacity for reacting appropriately to demands
“WE MUST REGULATE PEOPLE BEFORE WE CAN POSSIBLY PERSUADE THEM WITH A COGNITIVE ARGUMENT OR COMPEL THEM WITH AN EMOTIONAL AFFECT.”
- DR. BRUCE PERRY
6 R’S FOR HEALING TRAUMA (AND PROMOTING POSITIVE, THERAPEUTIC ENVIRONMENTS)

IT ALL COMES DOWN TO RELATIONSHIPS AND REGULATION.

• Relational (Safe)
• Rewarding (Pleasurable)
• Repetitive (Patterned)
• Rhythmic (Resonant with neural patterns)
• Relevant (Developmentally matched and meaningful to the individual)
• Respectful (of the child, family, culture)

(Perry, Graner, & The ChildTrauma Academy, 2007-17)
**Occupational therapists are often an untapped resource in the trauma sensitive schools model.**

**OT’s are trained in how to analyze tasks and environments in order to identify and modify participation barriers.**

**Occupational therapists can offer extensive knowledge related to sensory and regulation.**

**We can help you build resilience and posttraumatic growth.**
MULTI-FACETED SUPPORTS FROM THE OCCUPATIONAL THERAPY PRACTITIONER CAN INCREASE STUDENT PARTICIPATION IN OCCUPATIONAL AREAS OF SOCIAL, PLAY, AND EDUCATION.

- Improves capacity for self-regulation
- Increases attention and focus in the classroom
- Develops play skills
- Enhances social participation
- Reduces sensory, relational, and motor challenges that limit access
SCHOOL-BASED OCCUPATIONAL THERAPY PRACTITIONER CONTRIBUTION IN TIER 3

• providing direct occupational therapy
• consulting and collaborating with a multidisciplinary school team
• analyzing environments, tasks, and routines with a trauma-informed sensory-based approach

(Whiting, 2018)
Observation of student to see if participation at school is impacted

Evaluation: includes assessment of sensory processing and areas of strength, identification of participation barriers

Participation based goals set with teacher

Individualize and include child in decisions

Multi-faceted intervention: person-centered, strength-based approach

PROVIDING DIRECT OCCUPATIONAL THERAPY WITH A SENSORY RELATIONSHIP BASED APPROACH

- Individualized
- Empowerment
- Follow child’s lead
- Meeting kids at developmental level
- Play based
- Body based interventions
- Attunement
- Co-regulation and therapeutic use of self
- Child rehearses strategies to raise or lower arousal levels
CREATING SAFETY AND CONNECTION IN PLAY

• Play allows a safe and fun environment to understand how to navigate and impact their world.

• Play stimulates nerve growth in the brain.

• Playing allows the brain to achieve and maintain an optimal state of arousal to stay regulated and learn and to engage with others.

• Cause and effect games such as build and crash, peek-a-boo, hide and seek, and stop and go.

• Focus on the interaction not the toy - you become the toy.

Reference: The Interpersonal Neurobiology of Play by Theresa Kestly
Reference: The Interpersonal Neurobiology of Play by Theresa Kestly
COLLABORATION
MULTIDISCIPLINARY TEAM APPROACH

• **Classroom teacher**: main point person; provides information to the team regarding current performance and pertinent updates gathered from the child’s caregiver.

• **School psychologist**: helps to promote social-emotional development; suggests cognitive strategies.

• **Behavior analyst**: designs individualized positive behavior support systems.

• **Occupational therapy practitioner**: educates all team members involved about the signs of trauma, its impact, and the effects of toxic stress on the body; assess cognitive, social, emotional, and sensory factors in order to recommend modifications to increase participation.

(Whiting, 2018)
COLLABORATE WITH BEHAVIOR ANALYST

BEHAVIOR RESPONSE PLANNING:
• First Regulate and Connect
• Provide time and space as needed
• Name it to tame it.
• Empathy and listening
• Then Redirect
• What can you do to solve this problem?
• Solutions, redirection, or logical consequences as appropriate

(adapted from Dan Siegel and Bruce Perry)
MISBEHAVIOR VERSUS STRESS BEHAVIOR

- Physiologically based
- Not deliberately choosing actions
- Nervous system has been triggered to protect
- Shift to fight or flight
LOOK BEYOND BEHAVIOR AND FOCUS ON MOTIVE

- Pause to consider why now?
- What is driving the student’s behavior?
- What else is really going on here?
- What does this child need?
- What might be motivating him to make these choices?
- How can I change my perspective?
- What is the behavior communicating?
- What in the environment could be triggering the behavior?
ANALYZING ENVIRONMENTS, TASKS, AND ROUTINES WITH A TRAUMA-INFORMED SENSORY-BASED APPROACH

APPLICATION OF A SECRET

- Attention
- Sensation
- Emotional regulation
- Culture
- Relationships
- Environment
- Task
• Suggest ideas for social activities within free play, lunch, or recess that provide opportunities for the individual student to be successful

• Explore appropriate extracurricular activities

• Serve as a resource in the classroom to model regulation management strategies during instruction

• Facilitate development of habits and routines
SENSATION

Sensations and emotions are "dually" coded in the brain/body connection.
Afferent Components: Modulation of Primary Regulatory Networks

Cerebro-modulatory
Top-down modulation

Somatosensory
Bottom-up modulation

Internal World: Brain

External World: Primary Senses

Internal World: Body

Dr. Bruce Perry
Neurosequential Model
USING SENSORY PRINCIPLES TO PROVIDE RICH THERAPEUTIC INTERVENTION

- Use deep touch pressure, proprioceptive input and/or heavy work
- Allow the client to administer the sensation to themselves
- Use enclosed spaces
- Just right challenges leading to mastery and success
- Provide notice in advance
- Normalize the child’s arousal
- Provide predictability
- Have the child plan and execute a series of actions
- Partner with the child
- Encourage internal motivation
DEVELOPING SELF-REGULATION: KEEP THE CHILD INVOLVED

- Viewing the child as a member of the team is essential.
- Having the child participate facilitates meta-cognition and self-awareness.
SENSORY LIFESTYLE ROUTINES

- Arrival: aromatherapy with essential oils, calming music, play dough
- Scented hand sanitizer and lotion hand massage before writing work
- Weighted lap pad for rug time or seated work
- River rock for fidget
- Bear hug vest for independent reading time
- Yoga whole class movement break
- Rolling on belly on peanut ball with lights off during breaks
- Pinwheel for deep breathing before difficult transitions
WHAT DOES BEING REGULATED LOOK LIKE

• Physical - Slow heart rate, deep and relaxed breathing, loose or completely relaxed muscles
• Cognitive - being aware of these physical sensation and what’s going on around you
• Emotional - enjoying this state
• Social - interactive, engaged
• Prosocial - helping, sharing, cooperative

Reference: Self Reg book by Stuart Shanker
USING VISUAL SUPPORTS TO HELP DEVELOP SELF-REGULATION

Zones of Regulation
Interoceptive Awareness

What does it mean to feel calm and alert?

Where do you feel it?

Kelly Mahler-https://www.kelly-mahler.com/resources/
CHANGING THE CULTURE
COLLABORATION WITH ADMINISTRATOR

- Cultural expectation of a trauma-sensitive school environment in which children feel safe and connected
- Proactive versus reactive atmosphere
- Arrange for teacher training
- Centering attention on self-regulation, academic success, and relationships
- Promotion of positive mental health initiatives as well as focus on social-emotional learning in the classroom
- Dedicated time for the teacher and occupational therapist to collaborate

Lynch et al., under review
COLLABORATION WITH TEACHER

- Develop goals
- Decide on appropriate strategies
- Initiate strategies in the general education classroom setting
- Review data for effectiveness

Lynch et al., under review
CORE COMPONENTS OF TRAUMA INFORMED CLASSROOM

• Therapeutic use of self
• Empathy
• Consistency and predictability
• Attunement and mindfulness of the provider
• Protection from secondary trauma
• Sense of belonging for all in the community
• Physiological stability for all community members
COLLABORATE WITH PARENTS:

IT IS IMPORTANT TO FACILITATE PARENTS HELPING THEIR CHILDREN RATE THEIR PHYSICAL STATE SO THAT THEY CAN LEARN TO REGULATE IT THROUGH HEALTHY LIFE HABITS AND ROUTINES.
DEVELOPING A SCHOOL/COMMUNITY BASED FAMILY NIGHT PROGRAM  BY LAURETTE OLSON

• Theory and research related to parent-child interaction suggests that promoting positive engagement in parent-child activities strengthens family relationships as well as children’s competence across their daily activities at home, school, and community.

• Research also suggests that parents are more likely to experience cooperation from their children and as well as satisfaction and self-efficacy in their role as parents when they have opportunities for positive, shared activities.
Poor Sleep Habits and Routines are common in children who have experienced trauma. Educating parents and children about sleep and strategies for promoting restful sleep...
ESTABLISHING GOOD SLEEP HYGIENE

- Individualize bedtime routine that uses several sensory calming techniques
- Consistent sleep Schedule
- Dark and Quiet Room
- Avoid stimulating activity prior to bedtime
- Parent education is crucial to set limits and establish health routines.
- Structure: Visual schedules, checklists, transitional objects, stuffed animals
NEED FOR SAFE, STABLE, NURTURING RELATIONSHIPS

• We are social creatures with a social brain.

• Stressed parents/caregivers/educators are simply not as emotionally attuned to the needs of children - and this impacts children’s physical and mental health and development.
WHICH RELATIONSHIPS ARE IMPORTANT TO CONSIDER IN THE SCHOOL SETTING?

- Students
- Parents
- Teachers
- Administrators
- Related service providers
- Specialists
- Custodial staff
- Lunch room staff
- Office staff
- Aides/Assistants

Connect
Parent
Teacher
Student

STAR Institute
for Sensory Processing Disorder
REGULATION THROUGH RELATIONSHIPS

• Help getting back to a functional regulated state
• Relationships the ultimate regulator
• Lend your own regulation to help them
• Soft eyes, calm voice along with extremely clear boundaries and expectations
• Offer a boundary and a solution
“THERAPEUTIC USE OF SELF” TO SUPPORT EMOTIONAL REGULATION AND RELATIONSHIPS

• Being aware of yourself (ex. What words you use, consider your body language)

• Using your own personality, interpersonal skills, and judgement as part of the therapeutic process.

• Communicating an attitude of respect and acceptance to child.

• Student-centered collaborative approach.
ENVIRONMENT

- Warm neutral colors
- Noise is controlled
- Dimmable lights
- Alternative seating options
- Check in spot for regulation
- Safe spaces in and outside the classroom including items such as a rocking chair, bean bag, sensory toolkits, books, music, weighted lap pad, scented lotions, fidgets, liquid motion bubbler, oral motor options, pinwheels
**TASK:** BACK TO A FUNCTIONAL REGULATED STATE THROUGH BODY-BASED INTERACTIVE ACTIVITIES

*Rhythmic, patterned activities that reinforce repetitive opportunities for self-regulation*

- Songs and Humming
- Bean bag tapping
- Short-bursts of exercise
- Yoga
- “Brain breaks”
- Chants
- Stamping feet

- Circle games
- Drumming
- Mindful breathing
- Music-based activities
- Biofeedback
- Ball toss games
- Clapping hands

Dr. Bruce Perry
EXAMPLES OF YOUTUBE RESOURCES FOR TEACHING REGULATION AND CALMING BRAIN BREAKS

• Why Do We Lose Control of Our Emotions? https://www.youtube.com/watch?v=3bKuoH8CkFc
• Just breathe https://www.youtube.com/watch?v=RVA2N6tX2cg
• Mindfulness meditation for children https://www.youtube.com/watch?v=yYQKF-9poLM
• Let it go- think about it (GoNoodle) https://www.youtube.com/watch?v=IVZuyjS7iv4
• Sesame Street: Common and Colbie Caillat- "Belly Breathe" with Elmo https://www.youtube.com/watch?v=_mZbzDOpylA
COMMUNICATION TOOL

• What are the triggers for your child/student?
• What are some of the behaviors that your child/student displays when he/she is feeling dysregulated?
• Please describe the warning signs, what your child looks like before he/she may lose control.
• What helps your child feel safe?
• What helps him/her stay in control?
• What kind of space is most comfortable for your child?
COMMUNICATION TOOL

• These sensory experiences are grounding and calming for your student:

• These elements are parts of a classroom culture that helps this student feel connected:

• Teachers can use themselves to help regulate this student by:

• These environmental elements are most comfortable for your student:

• Your student does best when given this job to build on his strengths:
DATA COLLECTION

Taking data to note progress and generalization to participation-focused gains in education, social interactions, and play

• Collecting baseline data
• Pre and Post Tests
• Goal attainment scaling
• Visual Analog Scales
• Qualitative logs
• Rubrics
Their window of tolerance is smaller than other children’s.

Our job, as adults supporting the child, is to help them expand their window of tolerance.
IDEAL OUTCOMES UNDER THE LEADERSHIP OF THE OCCUPATIONAL THERAPY PRACTITIONER

• Initiating and expanding their self-regulation strategies
• Increased self-awareness and sense of agency
• Improved problem solving and communication
• Better able to identify and advocate for their needs
• Improvement in resilience and engagement in the occupation of being a student
• Empowered to achieve success
MAKE SURE TO TAKE CARE OF YOURSELF

Working with trauma-exposed children can evoke distress in providers.

“...Place the oxygen mask on yourself first before helping small children or others who may need your assistance.”
References


Now it is time to develop your own action plan!

You may think your light is small, but it can make a big difference in other people's lives. Let your light shine.

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