

Introduction

Welcome to the training titled Understanding and Managing Trauma Symptoms without Medication. This is a required training for Resource Providers. Training Code B170. I am Jill Pingel and I am a member of the Children's Division Health Information Specialist Unit. Presenting this training is Dr. Maya Moody. Dr. Moody is a pediatrician with the Center for Excellence in Child Well-Being.

The purpose of this training is to improve trauma education and provide non-medication strategies as one pathway to reduce or eliminate the need for psychotropic medications to manage trauma symptoms.

This course is a required training for licensed resource providers. Successful completion of a quiz is required at the end of this training. Please take a screenshot of the completed quiz and send to your licensing worker.

Additional resources can be found in the resource tab in the upper right corner of the training. Questions about this training can be submitted to the psychotropic medication settlement email at

CD.PsyMedSettle@dss.mo.gov

Slide 1

All right, thank you for that introduction, Jill. My name is Dr. Maya Moody, and I am a general pediatrician in the St Louis area, and also the pediatrician for the Center for Excellence in Child Well-Being at the University of Missouri Department of Psychiatry.

And today I'll be talking to you about understanding and managing trauma symptoms without medication.

So kind of the basic intro of what trauma symptoms are, and how we could help kids manage them, and most importantly build that resilience.

Slide 2

So, what are some trauma symptoms? So let's take a moment and set aside our brains to kind of think about either, you know, children that we have in our care, or in the past, or perhaps our own children or other family members that may have experienced something really scary or upsetting, in their past or recently. And how would that kind of come out when we think about a kid's response to trauma or something very scary.

So take a minute and kind of jot down on a piece of scratch paper what you think may be an example. So there may be some signs or symptoms that are behavioral. Sometimes they can come out in a more physical manner.

So thinking about difficulty paying attention, or being easily distracted, or having quick reactions, or being very sensitive to sounds or lights or smells. You know, having difficulty with sleep or appetite changes. Difficulty with elimination so, bowel troubles, constipation, or having accidents that the kids didn't used to have. So kind of really thinking about the whole child when we're thinking about what may be a trauma response, or a trauma symptom.

Slide 3

So, when we talk about trauma informed care we talk about kind of these components or pillars to thinking about trauma and how we integrate that into our daily interactions. Whether it be, you know, in a clinical sense for me in the office or in you know, your interactions with children, even into, you know, the court or the justice system. Thinking about looking at things through a trauma lens.

The first and foremost important thing will be safety. So making sure that the children or the young person, youth, adults even, feel safe and this is not only physical safety but also, you know, that they feel emotionally safe, that they feel, you know, mentally safe. That not only is it in their surroundings, but then also how they're feeling both in their internal and external environments.

The second thing really is to think about trust, in developing that trust and relationships and building that rapport. And as you can imagine children who have experienced trauma have a very difficult time with trust, right, because a responsible or supposed to be trusted individual in their past has either done, or threatened to do, or they have experienced some significant negative interactions. And so perhaps that trust has been broken so it is normal for children and youth to have difficulty establishing relationships or really knowing who to trust. So needing that first kind of step of that safety to be established before we move on to having the child develop those relationships of trust.

One of the next components and really, you know, this is shown in a progression. But if you'd really think about this as more like pieces to the pie or pieces to the puzzle, you know, one of the things, that can offer that development of that trust and feeling of safety is giving the child choice, or the young person choice. So even, and you know, in typically developing children this is also a great idea. You know, when we think about offering choices, right. Do you want mommy to buckle you into the car seat, or do you want to buckle your car seat? Right? Either way the end result is what we want to happen, child to be buckled in the car seat. But giving the child some options so that they can feel like they have a choice where they have some control over the situation because in so many you know, parts or times in their life, they may not have had any of that choice or control.

And so it's hard for them again, to feel safe and to develop, you know, a trusting relationship, to follow directions. Or, you know, sometimes we hear that these kids are called, you know, oppositional, oppositional defiant disorder, or demand avoidance, you know, in the sense of they don't want to do what they're told to do. But if we look at that through a trauma lens and really understanding that there's reason and developmental appropriateness to that response that working to build that trust and confidence with the child or the youth will be very important.

And then going beyond just offering choices, but really thinking about how to collaborate with the child. And it's not that the kid has an issue with authority, you know, that's something that we hear often as well.

It's that we really want to think about how we can develop the child and use ability to really make their own decisions and think through, you know, and not in the sense of consequences, but really just kind of thinking through options and thinking through, how the child can really understand the situation. Understand perhaps what their triggers are, what that feeling of safety feels like for them, what helps provide that feeling of safety and then be able to advocate for themselves which then comes into that power empowerment piece.

So, what does collaboration, look like, in times of calm and when the thinking brain is really turned on? These are the times that you want to engage the child and youth in that collaborative approach, right? So, I see Tony, that this part of the day, it can be really hard for you when we're having to leave school and come back home. What do you think would be helpful for you to feel better during this time of the day? You know, so Tony was having a meltdown every time he had to get in the car, and that he was leaving preschool or middle school, or whatever transition seemed to be the issue. The important part is to make sure that the child feels safe. That this conversation is happening within a trusted relationship, that you ask the child if it is okay that you have that conversation, right. And making sure that the child isn't in the mental state and physical state that, you know, they're not hungry or tired or distracted to really start engaging with that child in a meaningful way. So that then they can grow up to make those, you know, healthy choices and decisions. And have that insight, and recognizing, perhaps where some of those traumas may come back. Or how that has affected their brain growth or development and so that they can recognize that within themselves and build that resilience. So that they know that they can recover from that or that they know what kind of their functions are. And when, where and in what environments they thrive in, and perhaps what environments maybe more limiting for them. And then allow the child or youth really to advocate for themselves. And really empower them to understand.

Slide 4

So again, going back to that 1st safety, safety, safety, piece. And again, thinking about physical and emotional there are several ways that we can help facilitate the safety for children.

One is with our words and saying it over and over and over and reassuringly. We lovingly say you are safe. This is a safe space. You are okay, this is, you know, you will be safe. Just reassuring the child, you know. I have some resource parents that will come in and say, I tell them all the time. You'd think he'd figure it out by now that this is okay, that he's not where he used to be, or she's, she's safe from X, Y, Z. And sometimes they've been unsafe for so long, or it's been so scary that they really just need the patience and the reassurance. You are safe, this is a safe space.

Another way to reassure safety can sometimes be touch. Now, understand that you need to follow the child's lead. And having a little bit of context of the child's trauma and perhaps what a reaction could be. Because a touch can be comforting, but it can also be triggering. So some kids love, you know, really tight hugs that kind of gives that chest a

big tight squeeze, and helps that vagal nerve send calming messages to the body. And other kids don't feel safe in a situation where they're feeling compressed or that they feel like they're in a tight space. So that's where really getting to know the child can help when it comes to you know, sensory or touch. And we'll talk a little bit more about the sensory piece later.

The other thing is to know, and to really try to get to know the child either in a context of within a resource family, or perhaps the foster care case manager can really help understand and know the situations or relationships that can be protective for the child and help build that resilience. And then as well as knowing which ones to avoid. And, of course, we want to focus on that positive relationships and those positive spaces so that we can help the child develop positive and strength based approach to some of their trauma symptoms instead of a fear or negativity, or focusing on what doesn't go right. We want to be able to teach and focus for what the child or youth can do to help themselves feel better.

And you know, we talk about, a lot in general pediatrics, but also in therapeutic spaces, to have a safe space or a calming corner. Really to have you know, if the child feels like they want to be in an enclosed space and have like, a little fort or a tent and soft squishy things or you know, a place that they know that they can go when they are feeling overwhelmed or distraught. This is not a timeout corner. This is not a timeout chair. So it's not a punishment or discipline. This is promoting that emotional regulation and self-regulation. So that the child can learn to understand when their bodies feel they may be coming out of control and what they can do to help calm those feelings and think through either well, really just to get their thinking brains back online after they've had an emotional reaction to whatever the trigger could have been. And maybe they don't even realize it. They just start feeling that their body is kind of coming that disregulated type of feeling. And so setting up a space and again, going back to the choice and collaboration and empowerment.

Making sure that the child has some input into where the space is and what it looks like and what items are there. And you know, some kids may not want to be by themselves and maybe in the calming corner is the corner of the kitchen that's the busiest part of the house. And sometimes the calming corner may be in a, you know, quiet part of the hallway. It really is making sure that we're not making assumptions and that we're helping the child really understand what is best for them so that they can build that and promote that resilience.

Slide 5

Great. So I wanted to kind of bring to light a little bit more of this kind of a calming corner, using 1 of the resources that I love. This is Sesame Street in Communities. And this is a video called Big Birds Comfy, Cozy Nest. And we'll kind of watch through this together and then tell you a little bit more about the Sesame Street in Communities resources.

Watch video at <https://sesamestreetincommunities.org/activities/comfy-cozy-nest-video/>

Great so, that I really like that video and obviously more towards the younger children. But this website, it's Sesame Street in Communities. And has some great information. As you go over to the side and there's topics. There is foster care specific, but also things like grief or tantrums, eating well, learning through play, kind of self-care. So there's, you know, each 1 has videos or activities that you can go through with young children, interact able things you can print out. So this is a great resource and wanted to share that with you all.

Slide 6

So another key piece to being a resource parent, and also to really develop this safety and trust in these relationships with children who have experienced trauma, there is a term called Safe, Stable, Nurturing Relationships, or we'll call it SSNR's. Where we know that, you know, a single adult, caring provider, can help build resilience in children.

So really breaking that down and thinking about again that safety needs to be first. And the stability is often, you know, it can be more challenging, but also important just to have that high degree of consistency and availability and not only from a physical availability, but emotionally available as well.

And then that nurturing relationship and making sure that the adult is having a compassionate and responsive to the child's needs and making sure that they are, you know, being the best that they can be for that child. And there is more information on the Center for Disease Control, the CDC's Essentials for Childhood where it talks about really the key to building resiliency is that safe, stable and nurturing relationships. And we can put some more of those resources in the resources section later.

Slide 7

So, how do we prepare ourselves to be that safe, stable, compassionate, responsive, physical and emotionally mentally available person, for these children? And I think that it's okay to say this is real and this is hard work. And you really have to try to be your best self. Or, maybe sometimes you're next best self, but making sure that you yourself are in a good mental state, a physically healthy state can really help you be the best of that safe, stable, nurturing relationship for these children in order to prepare themselves to be resilient adults.

Slide 8

So we need to think about our own regulation, right? So we know that children regulation or controlling those emotions is a learned behavior, so to speak. It's a learned process and so if the child is having difficulty regulating we'd need to co-regulate with, with an adult. Well, you can't co-regulate with an adult if the adult is dysregulated. Right?

So, making sure that we know how we are doing, how we monitor our own stress, what our own reactivity or reactions are. We have done our own work to understand the context of our own backgrounds and traumas and what our cultural or societal norms are. Because we really do need to share our calm and not contribute to the chaos.

Slide 9

So, I have sort of like an action plan here that looks a little bit like an asthma action plan, if you've seen that, or perhaps a food allergy action plan, or a seizure action plan. And this is developed by a physician, Chidiogo Anyigbo, who really wanted to work on physician wellness. Well, and when I attended her seminar, I loved it so much, and I thought, you know, this could really be applied to parenting or resource parenting or any adult being really. To think about, you know, what can we reflect on and how can we have that insight to understand, you know, like, okay, I'm in my green zone. I'm doing well. What can I do to keep myself in an even keel? You know, how am I going to prevent feeling stressed? How am I going to, you know, be able to cope well and kind of keep in that you know, green zone?

And then understanding what your own triggers are, or what tends to get you overwhelmed and what makes you feel better. So, knowing that if I had a particularly stressful, you know, clinical interaction that perhaps I need to take 5 minutes and just walk outside the clinic for a minute or 2, and then come back in. Or perhaps I've had a really tough time in the morning getting everybody out to school and work on time so maybe I need to sit in my car in the parking garage for 5 minutes before I go into work.

So, that's kind of more that yellow zone. How are you going to manage, and kind of do a quick check of yourself? Or to understand how we can continue to do this challenging work and be the best self or our next best self to be available to be that safe, trusted, stable, nurturing relationship for these children.

And then, of course, you know, reaching that red zone. We hopefully, you know, won't get to that point. But understanding that it that it does happen. And having a plan for it, right? So, this also kind of mirrors that zone of regulation that you may be familiar with from a therapy or counseling perspective. Kind of knowing when we're in our green, yellow, or red zones. And then knowing what to do, and how we can get ourselves feeling better to take care of ourselves so that we can take the best care of these kids.

Slide 10

And here is a just kind of a further breakdown of understanding. Kind of taking that moment of insight, to understand what kind of things trigger you. Or what can be a stress, or how we react to other people's reactions. And then how quickly we tend to get overwhelmed and understanding ourselves.

So I would encourage everyone to take, you know, 5,10,15 minutes to think about these in a quiet personal time or space that you have to really look and make sure that we are taking care of ourselves. And feel free to actually fill out the form. Perhaps that would be helpful.

Slide 11

So moving on to think about why children may dysregulate in the sense of kind of lose that feeling of control or sense of control and have temper tantrums or emotional outbursts or whatever we want to call them or label

them. And that you need to understand that every behavior has a why. Right? Why is that behavior happening? And it may be that it's coming from a place of fear. That are kids who have experienced trauma really do have an increased vigilance. They're kind of on edge. They're looking around. They're trying to see, is this a perceived danger or am I safe? They also will misread some sort of, you know, some facial expressions or other cues. So, what may be to, a typically developing child, look like a neutral face, or even a slightly happy face may be viewed by a kid who has experienced trauma as a negative face, or a mad or angry face.

The other thing to think about is that sometimes the triggers, or what makes the kiddos seem fearful, or are fearful or scared, may seem completely random. And understanding that a lot of the sensory input, the smells, or the touch, or even the tone of voice may be a clue to the child's system to really try to avoid danger. You know, emotional dysregulation may have in the past been what the kid needed to do to get their needs met. You know, either, getting that attention, right? We know that kids want attention, regardless of how they get it and even negative attention is attention. So, if the kiddo isn't getting a lot of positive attention, then, you know, they may engage in negative behavior to get negative attention. Stop it. Don't do that. Quit. Because it's still attention that the child is getting.

The other thing is, is that what might have been for typical kid, to be problem behaviors, maybe for a kid who has experienced trauma maybe a coping mechanism. You know, no, get away from me, don't do that, you know, hiding, curling up. You know, there's lots of things, but thinking about that it may have been a maladaptive self-calming technique that the child developed through a time that they were experiencing their trauma.

So, it's important to think about the why of the behavior sort of like, I hope you take the time to think about you know, the why's of our own reactions in that overwhelm action plan. But also thinking about the why of the child's behaviors as well as our own.

Slide 12

So, again, thinking about co-regulation and how we need to be the best that we can be so that we can help hold some of those big emotions for those kids and help them kind of process and work through those. So if you look and notice about some of these pictures, you know, the adult is at eye level, or below eye level of the child really making that connection. Validating the feelings, you know. And earlier I said, you know, reassuring the child that they're okay. So even that perhaps was not the best example, you should instead of saying, oh, no, you're okay. Say I see that you're really scared. It's okay to feel scared. Or I see that you're really mad or angry. It's okay to feel mad or angry. You know, then reflect. How do their bodies feel? Do they feel anger, that tight feeling in their chest? Do they feel sad like there is a weight on their shoulders? Giving them not only a sense of a body scan of where they are feeling their feelings but also the emotional language to express those feelings. A lot of these kids haven't been given that emotional language of even I feel mad, mad, mad. I should stomp my feet. I feel mad, mad, mad. And, you know, they just know that they inside feel like a big ball of anger, or they feel like just this big ball of energy

and they don't know how to get rid of it. So they're biting, hitting, kicking, scratching. So giving them that emotional language. Giving them a physical appropriate outlet for that feeling.

And then sometimes, and especially for well, in preverbal kids, but also in kids, you know, who are in an emotional state that perhaps their thinking brain is not completely online. It can be helpful to use visual cues. Have them, you know, draw a face or use a color to explain their emotions, because they may have trouble finding those words because their new vocabulary for them. But also, because their thinking brain is offline, and their emotional reactions are so intense that it's hard to access kind of that cognitive or thinking part of our brain and so giving them, you know, flash cards or pictures or something else that they can use visually to help them understand and develop that regulation.

Slide 13

So, again, we talked a little bit earlier about, how some kids may really do want a big, strong hug and maybe some kids really don't want to be touched and that can be a trigger for them. So, how can we be emotionally close to a child without having to be physically close to the child? Loving, hugging, rocking, singing, those sorts of things with the kid. And I like this depiction because you want to stay close, you want to make sure that the child is safe that those around the child is safe, but without necessarily trying to restrict the child's movement or restrain them.

It's important for ourselves to stay calm. You know, it's important for us to be able to watch our breathing and for us to count to 10 because if you dysregulate, then the child is going to further dysregulate, because in order to get those emotions under control you have to hold those emotions and be that person to regulate with them to teach them how to do that on their own.

Again name that feeling behind the behavior. You know, I can see that you are angry. I can see that you are mad. I can see that you're angry or upset. Again, giving them that emotional language. And then just make sure that you are being a compassionate, available, consistent person and saying, you know, I'm here when you're ready. You know it's okay to feel angry or mad. It's okay to have these feelings. Let's talk about what to do with them. Again and just staying calm and staying close and knowing that you are available, will help the kid.

Slide 14

Sometimes, some of the sensory input as we're talking about smells, or sounds, or tones of voices, you know, all of those things can be triggers for children. They can also be very calming for kids that are feeling, or having some of those strong physical reactions, or those feelings in their body to help, kind of with a sensory input.

And again, it's, you know, that choice and collaboration with the child. Understanding that it may take them some trial and, I don't want to say error because that sounds negative, but you want to be more of a finding kind of what works for those kids. And a lot of these can be done at home, or with minimal kind of input. One, you know, big soft squishy

blankets if they want to feel like, they're in a tight enclosed space. Or some kids want to feel like they're wide open, you know, swinging or spinning. So taking kids to the parks to a swing, or even having them stand out in a big more open area, put their arms out and spin around in circles can be soothing for some children. The sensory bottles where they can shake them when they're mad, mad, mad, they shake, shake them and then they can kind of watch slowly glitter or the colors or whatever's in that sensory bottle kind of fall to the bottom. And a lot of the times, and if they start to feel that big feeling whatever it is, frustration, anger, sadness, madness, they can shake it again, shake it again, and shake it again and then kind of repeat that process.

There's like, weighted items, bean bags or weighted blankets, weighted stuffed animals that sometimes it can help the child to have them. Put it on their shoulders or on their chest, or on their laps. And something to squeeze like, this, the squeezing ball or a stuffed animal, or any of the numerous fidgets that the elementary school and junior high kids are loving these days.

And then there's also just plain simple what we call, like, heavy work, which is kind of more of an occupational therapy term. But thinking about doing things like raking leaves, or shoveling snow, or pushing against a wall, or anything that kind of provides that sensory input in that sensory integration for the child to understand what is happening as they kind of regulate that emotion and the physical feeling that they're having within their body.

So, again, a lot of neat things coming out of the world of occupational therapy, and some of this somatosensory work that I'm excited to see and hear more about as it comes to be common practice. But some easy things that you can integrate in the home for the child.

Slide 15

So, what do we do about these kids who are violent? Right? Who are completely dysregulated, who are, you know, a threat to their safety, their own safety, or others safety, you know, what do we do? Honestly, sometimes this is really hard right, because we get excited. The kid's obviously excited. But trying to think about safety, safety, safety, making sure that the physical space around the child is safe, but also thinking about access to things that may cause harm.

Again most of the time when kids are in these kind of completely dysregulated, intense episodes, you don't want to try to restrain them or entrap them, or make them feel restricted in their movement. Because that will further kind of escalate the situation. So a lot of times is if you can get them into, or if they are in a room, or if you can kind of control an environment, if you can be a visual calming presence for them. So, you're sitting calmly. You're practicing your own breathing. You're thinking about again, you know, your own coping mechanisms, but then how can you help the child. Remembering that their thinking brain is not on. So they're not going to listen to anything you say, or they're not going to be able to hear what you say. Because their thinking part of their brain is not on. They're really in that emotional animal part of the

brain. Right? And so we want them to be able to see us or sense us, hear us taking those deep breaths, being able to see the reactions to our body. So then perhaps the child can start to calm and co-regulate.

Some of the things that you can do, and try to engage the child is using their 5 senses. You know oh, I can smell the bread cooking in the oven. Oh, I can feel the carpet underneath my feet. I can see the blue paint on the walls. You know, kind of moving through, you know, the physical space around using those 5 senses. So that it can help bring the child back into their body so to speak. So that they can further kind of get out of the intensity of the episode so that they can move to that co-regulation and self-regulation piece. That is really our end goal.

Slide 16

So, another great resource that I really like is called the PATTeR x program. And it's the Pediatric Approach to Trauma Treatment and Resilience and this was a program put on by the American Academy of Pediatrics, through some grant funding, as a training for pediatricians, but also has some great thoughts for parents and caregivers.

And again thinking about the why of the behavior and that the behavior is for a reason. And that we want to be curious about the behavior and not furious. In the sense of, why is this behavior happening? What happened to kind of bring it to the forefront? Instead of being angry, mad, sad, or upset about the reaction really trying to take it a step further to understand so that we can help the child understand and move past those challenging behaviors. And understanding that those thoughts and feelings and behaviors are really all connected. So for example, you know, the kid is really anxious or worried that they can't fall asleep. And then they feel upset because they can't fall asleep. Well, then they can't fall asleep because they're getting more upset, and then they don't sleep well. And then in the morning, they're like, oh look I'm a bad sleeper, I can't sleep. Because you kind of get caught into the cycle of these worries or fears. And those thoughts feed those feelings, which feed those behaviors.

So an example of some of those, a response would be, you know, it's okay to feel angry, but it's better to tell me that you're angry than to throw your toys and break them. Let's think about how you might let me know how you feel. And again remembering that this would be in a calm time, a reprocessing time after the child has calmed down and been able to bring that thinking brain back online. And to process or reframe or understand better the behavior and teach the child about the behavior so that they can kind of better handle the situation or the trigger or whatever it was over the next time.

Slide 17

So, there's a little bit of a higher level thought process talking about the cognitive triangle, but understanding that the thoughts that we're thinking in our head really are related to the emotions that we were feeling that then go into these behaviors that then can further reinforce some of these thoughts. And so when we think about therapy or treatment modalities, like Trauma Focused Cognitive Behavioral Therapy, or even just plain cognitive behavioral therapy, we are really targeting or

thinking about the thoughts and how can we reframe those thoughts to better, help us understand the emotions and the subsequent behaviors that then come from that from those thoughts. And so, it can be in an important kind of therapeutic intervention, but it's important for us, either as resource parents, or parents, or caregivers, or kinship placements, to understand that really the thoughts that are going on in the child's head, feed into those emotions in those behaviors.

And so it's not that the kid is bad or that they are trying to be difficult or all kids will do the best that they can do. It's really that we're missing a skill set that can help them be able to handle those thoughts and those emotions and have some positive behaviors. Right? That's the end goal is to have those positive thoughts and, you know, positive emotions and positive behaviors instead of the negative ones.

Slide 18

So, I've mentioned kind of a thinking brain and having that thinking brain online. And there is a book called The Whole Brain Child that I really like when it talks about flipping your lid. So if you think about your thumb, so if you put your hand up, put your thumb kind of in the middle of your palm and think about that being your animal brain, kind of in the mid-section of your brain. And then fold your 4 fingers over that animal section. And those 4 fingers are your thinking brain, or your kind of your online system that when you are calm and regulated and rational, and able to really think through things and make good decisions, then that's when your lid is down, right? So your lid, your thinking brain, is over your emotional brain. But when you flip your lid or that thinking brain comes offline and those 4 fingers fly up and that animal brain or emotional brain of the middle part of our brain is really what's showing through. That's when those big emotions come out and words or behaviors, that anger, fear, sadness. And because your thinking brain is offline, you're unable to make those good decisions or to really calm down.

So, when we think about kind of the zones of regulation you know, being in a green, yellow, red zone you know and using that when you're thinking brain is offline and you're in that red zone this is not the time to go into, you know, a lecture explaining or trying to have the child make a choice or to discipline. This is not the teaching moment. This is the time where you really want to focus on that regulation of ourselves, our ability to co-regulate with the child and those calming techniques.

Then, as the child kind of calms down, remember that lid is not completely online. That thinking brain is not completely back yet. But perhaps we can start some of the processing of what had happened. So, giving the child the opportunity to name those feelings, or teach that emotional language. Think about alternative behaviors, stopping our feet or shaking our fist or scrunching our face or some other type of reaction or behavior that can still display and express that emotion but that are not going to bring harm to ourselves or anybody else.

And then, when that lid is that prefrontal cortex thinking brain is completely engaged, the lid is back down, kind of being able to contain that animal brain. That is the time that we really want to think through that problem solving, or the thinking brain. And how can we recognize

perhaps what caused the behavior, what the reaction was, and what we can do better next time.

Slide 19

So, prevention for some of this can be as easy as providing that structure and routine and expectation. So much like the child needs a safe, stable, nurturing relationship, they need a safe, stable nurturing environment as well.

So, in these kids who may have been experiencing more of a chaotic kind of day to day situation it is helpful for them to be able to understand what's expected of them. What a normal routine is. And again, using that visual cue, it can be helpful, either for pre-verbal children, or for children who have difficulty with their verbal expression.

And to show you that I practice what I preach this is my daughter's daily chart that we have at home so that she can understand, kind of her visual schedule. And you can do things as easy as just drawing it out for yourself. Again, engaging the child and collaborating with the child and allowing them to have the choice. Perhaps they want to brush their teeth before they put on their PJs or they want to brush their hair before they eat breakfast or after, and allowing the child to have some choice. But at least understanding what's expected of them can help prevent some of those troublesome behaviors or difficulty and transitions.

The other thing is to make sure we are scheduling down time. Often when we get into thinking about schedules and routines it can be perhaps triggering for us even as adults to think about managing all the activities and meetings and appointment and court dates that it is important that we are caring for ourselves and the children by scheduling some down time and some unplanned open time for some of that de-processing and reflection and insight to take place.

The other thing that can be helpful is using instead of, like, negative, if then statements really trying to state things in the positive. And this is kind of builds off of the context of if you tell a kid don't stand on the chair, they may here stand on the chair, versus if you say bottoms down on the chair, then it's telling them what you want them to do instead of what you don't want them to do. So then then it's very clear. The expectation is not in in a negative context. So, instead of saying, if you don't pick up your toys, then I'm going to throw them away, then you can say when we pick up our toys, then we get to read a book together or then we get to have our treat or whatever it is. But if you frame it in a positive constructive way, tends to be better received and more clear for the child to understand.

Slide 20

So, again, using those instructions that teach. Instead of saying, don't hit, say soft touches. Instead of saying, don't run in the house say walk please or, soft feet. Giving alternatives, so, no don't play with the lamp, here's the Tupperware container or the pans you can play with instead.

The other thing that's really important is eye contact. So sometimes, as a parent I'm famous for yelling from the other room, because I'm trying to do 4 things at 1 time. When really what I need to do, instead of telling the kids 4,5,6 times to do something from the other room I really need to come in, get down at eye level, make eye contact with the child to say, okay, Alex, I need you to pick up your shoes.

It's important to say clear instructions and then even have the kid repeat it back to you, or making sure that they're making eye contact with you. And then don't use too many words. So, a quick rule of thumb is use as many words as the kid is old. So, if this was a child, I would say, please sit or feet down versus, if it's an 8-year-old, you don't have to give them a full sentence of things, but making sure that for those younger kids or kids who may have difficulty with their receptive language or understanding what is said to them, or paying attention, or being able to focus on, longer instructions that we're providing those short little snippets of instructions for them.

And again, tell them what you want them to do, and not what you don't want them to do so that they're always hearing the positive instruction.

Slide 21

And again, here is really thinking about an approach to general parenting as kind of a positive parenting, and looking at the base and thinking about what kids need in order to have those kind of positive interactions. And more so than discipline or thinking about teaching children by taking away or punishment, we really need to think of and approach it from a positive strength building perspective. And then again, remembering that kids just want attention regardless of how they get it. And so make sure that we are giving that time in as the base to our pyramid so that we can, give the kid the attention that they are needing and wanting and deserve to grow up to be healthy and active children.

And then again, thinking about those routines and rituals. I like to think more about schedules and routines and consistent expectations, being a role model in ourselves. So, again, that goes back to the kids will watch us regulate ourselves in order to move towards that co-regulation to learn how to self-regulate the children themselves.

Positive specific praise, attuned listening, making sure that we are really listening to the children. Perhaps we need to repeat back what they're telling us to make sure that we have it right. And that we are taking the time to engage the kids in that choice and collaboration so that we can build that trusting relationship and teach them.

And then, you know, towards the top of that thinking about really reserving that discipline, or time out or that negative taking away of time or privileges or items really, as last resort kind of reserves. And pouring into the child, these positive behaviors, and this positive feedback. So that the child can learn those positive behaviors because we really need to show them and teach them about that emotional reactions and responses so that they can have their own positive reactions and responses and build that resilience.

Slide 22

So this again is another great resource. Positiveexperiences.org Its Healthy Outcomes from Positive Experiences. And it's a program really thinking about relationships, and interaction with environments and thinking about the environments where the kids are learning and working and playing, and spending their time.

So, thinking about engaging this is really important for kind of those older kids and youth to develop that sense of belonging and connectedness. So, youth development programs, sort of like scouting or 4H or Girls and Boys Club. So different youth development programs. And then watching for that emotional growth through that positive interaction with peers and understanding those clear expectations.

There are two quotes here. One is from a parenting perspective is the ability for the child to grow, to learn, to continue to have a growth mindset, and that his current situation isn't fixed. So really helping that kid to have the hope for the future. And then from a child's perspective, having that relationship either with the family or through another safe, stable nurturing relationship that someone who really watched out for me and cared for me, ensured that I was accountable to have that healthy positive relationship is really important.

Slide 23

So, I have another video here that I'll show you.

Watch video at: <https://www.youtube.com/watch?v=1r8hj72bfGo>

Great so, that video that we just watched is from The Center on the Developing Child at Harvard University, another great resource. And they have several videos about resilience, but really understanding that helping, the children have those positive experiences and weigh that fulcrum, to the positive experience side really depends on those relationships and those healing connections. And so understanding and managing trauma symptoms without medications really throughout this whole presentation kind of boils down to, positive relationships and environments. And then teaching the children. Showing the children how we can care for our ourselves, in order to show and display those regulation techniques for them. And that there's no true magic solution, but that through time, and the feeling of safety, the development of trust, allowing the children to make those choices and to collaborate with us, will eventually, empower the child and the youth to overcome and to build that resilience that they need.

Slide 24

So, I will end there, but with a quote that every child is just 1 caring adult away from being a success story. And so, while we love those heartwarming stories, we certainly wish that not every child has to overcome the challenges and life experiences that some of the children that we work with have. But that you are a very important part of this child's life. And to take care of yourself, so that we can be the best that we can be in order to love and care for and teach these kids how to

manage some of those difficult or troubling behaviors as a result of those strong emotions that they feel.

And so I will, end there. And my email address is listed and then also please feel free to reach out to the Children's Divisions folks and we will put some more of those resources in the resources tab. And thank you for watching today's presentation.