


Looking for the “Why” in the Behavior

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Who is seated at the roundtable?




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- ▶ What was their role in your life?
 - ▶ How did they impact your life and the person you are today?
 - ▶ How did you feel when you were around them?
 - ▶ Can you pass this along?

Our lens...

... theirs?



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- “Kids do well if then can... if they can't, we adults need to figure out what's getting in the way, so we can help.”

Dr. Ross Greene

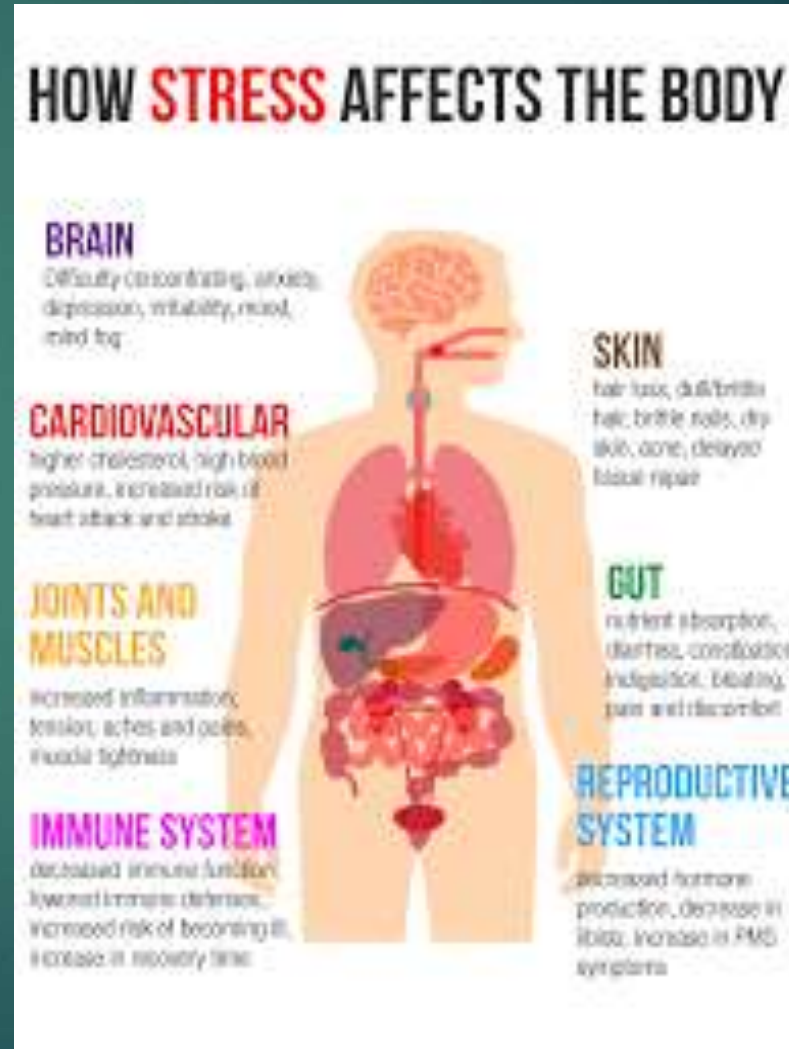
Clouding the lens?



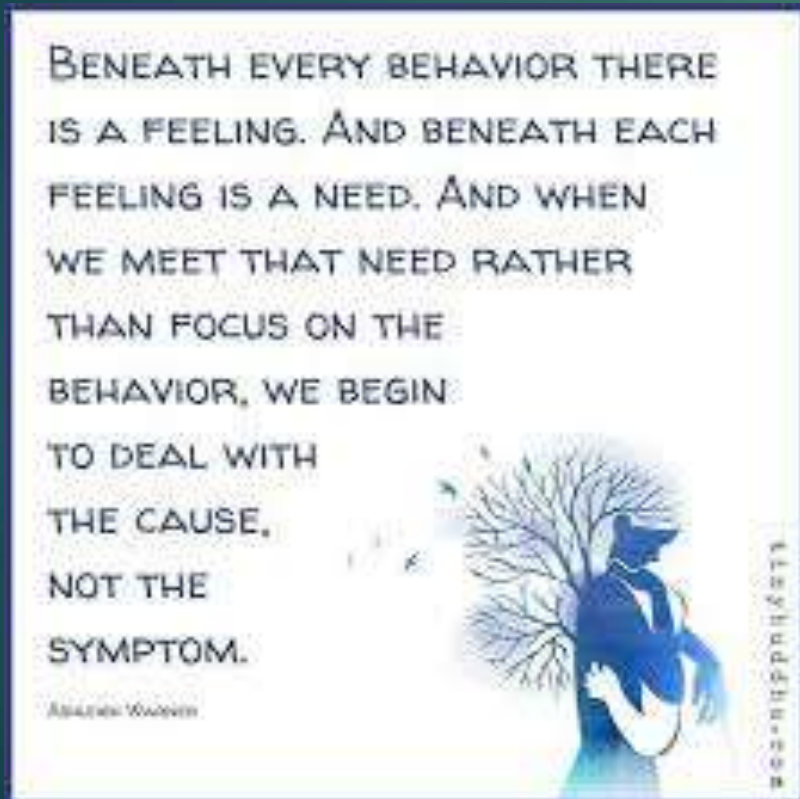
- ▶ From hard places
- ▶ Chaos is familiar
- ▶ Supports have been inconsistent or non-existent
- ▶ Cultural bias
- ▶ Trust has been broken
- ▶ Adults have had ulterior motives
- ▶ Needs have not been consistently met
- ▶ They have been hurt – physically, emotionally, sexually
- ▶ They may be grieving
- ▶ They may have sensory challenges
- ▶ Intellectual or developmental differences
- ▶ Neurological differences
- ▶ Mental health disorder
- ▶ Physical differences
- ▶ Epigenetics

Stress and the Body

- ▶ Increased Depression
- ▶ Stomachache
- ▶ Tense Muscles
- ▶ Pounding Heart
- ▶ Rapid Breathing
- ▶ Fidgety
- ▶ Inability to Concentrate
- ▶ Dysregulation
- ▶ Insomnia
- ▶ Prefrontal Cortex Offline



Crisis Point



- ▶ “Between 65 percent and 70 percent of the 2 million children and adolescents arrested each year in the United States have a mental health disorder.” Juvenile Justice Guide Book for Legislators
- ▶ Suicide is the 2nd leading cause of death for individuals between the ages of 10-34.

Safety First!

- ▶ What do they need to feel safe?
- ▶ How can you help create felt safety for them?
- ▶ Ways to reach through the chaotic behavior and reach the youth?
 - ▶ Time is everything
 - ▶ It is a partnership
 - ▶ Ask for and accept feedback
 - ▶ Trial and error

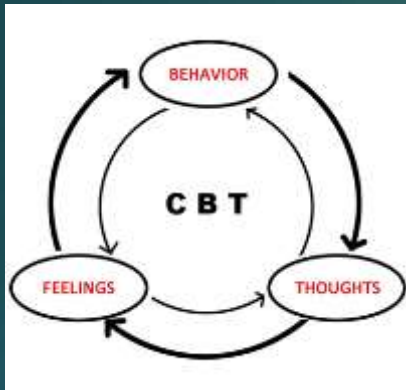
Investigate!

- ▶ Look at the antecedent
 - ▶ What is happening in the moment before the behavior?
 - ▶ Seek to understand then support.
 - ▶ Ask questions.
 - ▶ Educate others who could interact with the youth if you have found things that have worked.

Stay Strength Based – with everyone

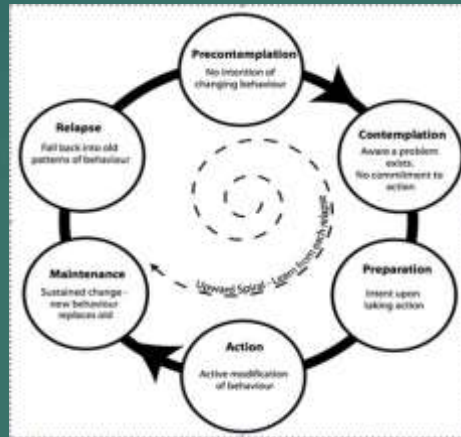
- Abilities, talents, competencies, and accomplishments in any range of settings from home to school and work
- Values and traditions
- Interests, hopes, dreams, aspirations, and motivation
- Resources and assets, both monetary/economic, social, and interpersonal
- Unique individual attributes (physical, psychological, performance capabilities, sense of humor)
- Circumstances at home, school, work or in the community that have worked well in the past
- Family members, relatives, friends, and other “natural supports” (both formal and informal relationships) within the community

Therapeutic Strategies



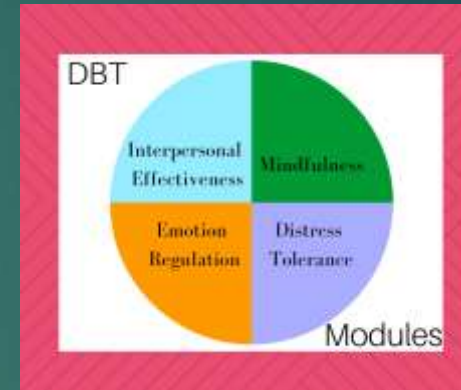
CBT

- Thinking drives behavior
- Changing the way you think about a situation can change the way you feel and change the way you behave.
- Recognizing “thinking errors” can help you gain a healthier understanding of situations and the motives of others.



Motivational Interviewing

- Helps clients find their own motivation for making positive decisions and changes.
- Uses Stages of Change to help client move through ambivalence



DBT

4 modules

Mindfulness: the practice of being fully aware and present in this one moment

Distress Tolerance: how to tolerate pain in difficult situations, not change it

Emotion Regulation: how to change emotions that you want to change

Interpersonal Effectiveness: how to ask for what you want and say no while maintaining self-respect and relationships with others

Earn your seat at the table!

“The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love.”

— Bruce D. Perry, *The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook*

