



THE POWER OF CONNECTION: CONNECTING AND REGULATING CHILDREN FROM HARD PLACES

Dr. Evan Norton
Brandon Spears

Abstract

- Dr. Evan Norton will be joined by Brandon Spears the Team Leader from TJJD's Crisis Stabilization and Mental Health Programs to discuss common issues staff experience while trying to regulate youth from hard places. They will explain healthy connection, provide examples of opportunities of connection and walk through some "live" examples troubleshooting challenges with connection. This training will largely focus on regulating youth with significant mental health needs and complex trauma backgrounds.

Regulation Moment

- **Step 1.** Focus your attention in the area of the heart. Imagine your breath is flowing in and out of your heart or chest area, breathing a little slower and deeper than usual.
- *Suggestion: Inhale 5 seconds, exhale 5 seconds (or whatever rhythm is comfortable).*
- **Step 2.** Make a sincere attempt to experience a regenerative feeling such as appreciation or care for someone or something in your life.
- *Suggestion: Try to re-experience the feeling you have for someone you love, a pet, a special place, an accomplishment, etc., or focus on a feeling of calm or ease.*

Training Goals

1. Education on mental health disorders and their symptoms.
2. Basic knowledge of brain systems and brain development.
3. Tips for co-regulating and teaching others methods of regulating.
4. Observe how to apply self-regulating strategies to real-life scenarios.

Mental Health Disorders

- Common Diagnosis:
 - Anxiety
 - Depression
 - Adjustment Disorders
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Early onset psychosis
 - Disruptive, Impulse control disorders
 - Post traumatic stress disorder
 - Autism Spectrum
 - Intellectual Development Disorder
 - Reactive Attachment Disorder



Mood Disorders

DSM V Criteria

- Mania
- Depressive episodes
- Emotional lability
- Insomnia/hypersomnia
- Low mood/affect
- Excessive worry or fear

What that looks like

- Irritability
- Worry and issues trusting
- Abnormal sleep and energy levels
- High risk for suicide
- Inflated sense of self

Psychotic Disorders

DSM V Criteria

- Delusions
- Hallucinations
- Disorganized Speech
- Abnormal Motor Behavior
- Negative Symptoms

What that looks like:

- Mumbling to themselves
- Inflated sense of self
- Poor “activities of daily living” (ADLs)
- Withdrawn, anhedonia
- Confusion
- Pacing

Disruptive and Impulse Control

DSM V Criteria

- Violates the rights of others.
- Poor emotional control.
- Poor impulse control
- Argumentative/defiant behavior
- Repetitive and persistent violation of social norms/rules

What that looks like

- Looking for opportunities to get over on people
- Choosing an option that wasn't suggested
- Disregard for others

Neurodevelopmental Disorders

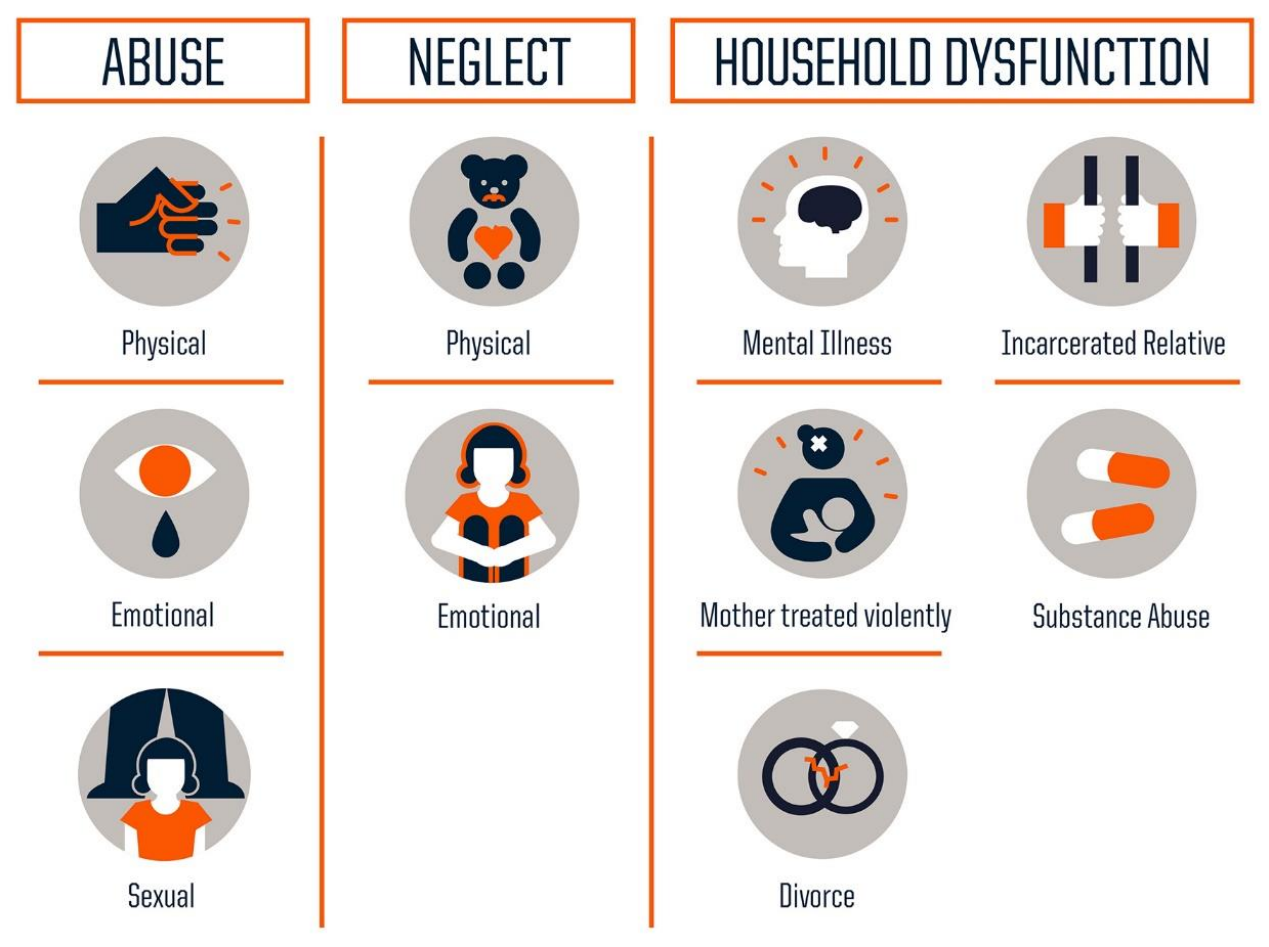
DSM V Criteria

- Deficits in adaptive functioning
- Deficits in reasoning, problem solving, planning and abstracting.
- Persistent deficits in social communication and social interaction across settings.
- Restricted or repetitive patterns of behavior.

What that looks like

- Concrete
- Missing peers social cues
- Poor ADLs
- Speech is hyper focused on the here and now
- Struggles coping with change

Adverse Childhood Experiences (ACEs)



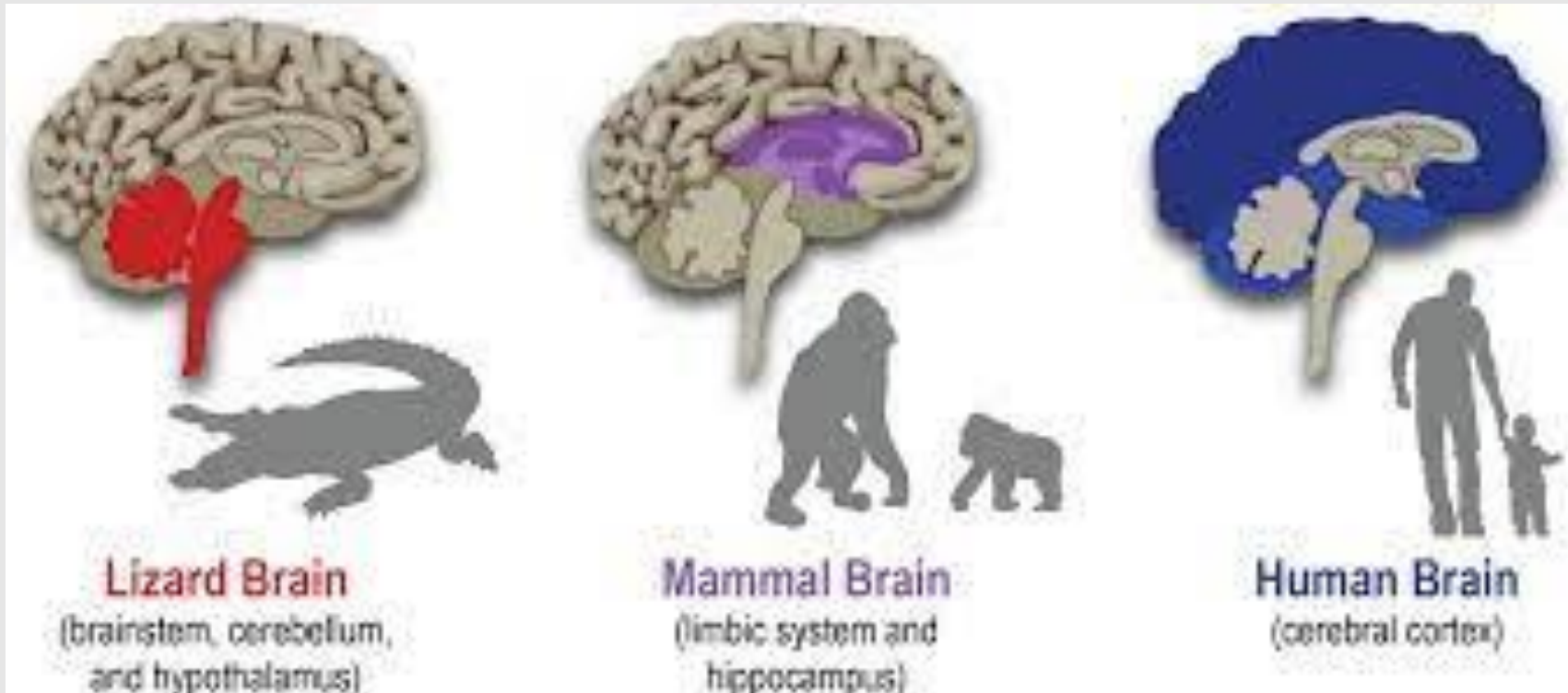
TJJD and ACEs

ACES	Percentage of TJJD Youth (1091)
1 or more	87%
3 or more	56%
5 or more	30%
7 or more	15%



BRAIN SCIENCE

Brain Science

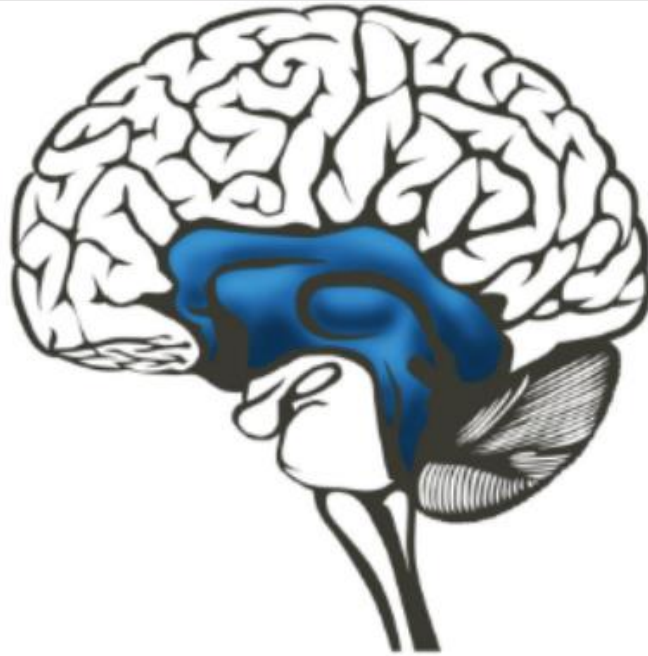




Survival State

BRAIN STEM

Survival State represents the base level of Brain State, and asks the question, "Am I safe?" The only way to sooth the Survival State is through the creation of *Safety*.



Emotional State

LIMBIC SYSTEM

This Brain State represents mid-level functionality and asks the question, "Am I loved?" The only way to sooth an upset emotional state is through *Connection*.



Executive State

PREFRONTAL LOBES

The Executive State represents the optimal state for problem-solving and learning. This Brain State asks the question, "What can I learn from this?"



REGULATION AND DYSREGULATION



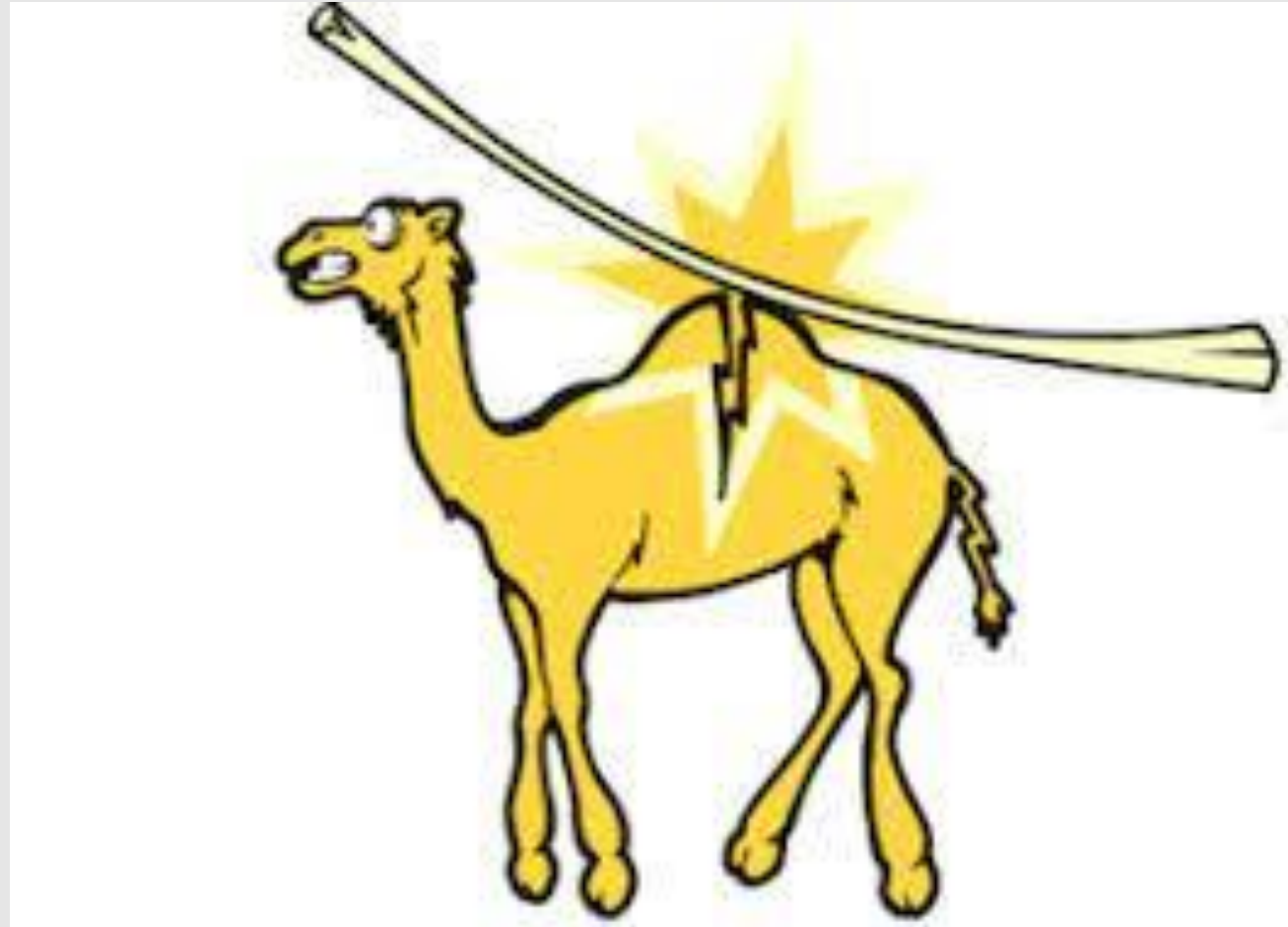
Engine Checks

Blue: Running low

Green: Good level

Red: Running hot

Window of Tolerance



Window of Tolerance

- Each youth, and each of us, has a unique “window of tolerance”. When youths are inside their window, they can remain calm, learn, be playful, and use words to explain what they need or what is happening.
- When they feel pushed out of that window, they will react with either hyper-arousal—yelling, aggression, anger—or hypo-arousal—withdrawing, shutting down. They are now in their downstairs or survival brain.

Signs of Dysregulation

- Pacing
- Poor eye contact
- Rapid or very slow speech
- Appears distracted
- Staring off into the distance or intensely at one object
- Shaking or rocking
- Clenched fists
- Rapid repetitive movements
- Affect inconsistent with the moment

Signs of Regulation

- Good eye contact
- Rate of speech
- Attentive to the task at hand
- Asks relevant questions
- Calm relaxed/open body posture
- Appropriate laughter
- In the present moment
- Connection and engagement with others in the room
- Peer play

IDEAL Response

The I.D.E.A.L. Response® For Correcting Behavior

Created by the Karyn Purvis Institute of Child Development at TCU

Immediate: Respond within seconds when possible

Direct: Engage directly with close proximity, gentle eye contact, and kind touch

Efficient: Use a measured response that matches the level of behavior

Action-based: Give an opportunity for a re-do to practice the correct behavior

Leveled at behavior: Not the child. Let them know you are there to be a support and advocate



- Calm down. → How can I help you?
- Stop crying. → I can see this is hard for you.
- You're ok. → Are you ok?
- Be quiet. → Can you use a softer voice?
- Don't hit. → Please be gentle.
- Stop yelling. → Take a deep breath, then tell me what happened.
- Don't get upset. → It's ok to feel sad.

Helpful Language

Regulation (environment)

- Access to water and food
- Sound
- Schedules
- Sensory input
- Sleep
- Exercise
- Safe
- Transitions and rituals



Regulation (coping skills)

- 5 senses game
- Deep breathing
- Music
- Going for a walk
- Grounding exercises
- Puzzles
- Affirmations
- Journaling
- Art





QUESTIONS?

EVAN.NORTON@TJJD.TEXAS.GOV

BRADON.SPEARS@TJJD.TEXAS.GOV

Scenario 1

- Dion is 15 and has recently come to your case load. He's quiet and soft-spoken. This is his first placement away from home. He reports not fitting in with his peers on the living environment and spends most of his time alone. A few weeks go by and staff report he is becoming more irritable and has "exploded" on a few staff that involved cursing threats to harm staff.

Scenario 2

- Brianna is 17 years old and has been involved with your department for nearly a year. She started out being very compliant with her conditions of parole but over the last three months she has stopped showing up to appointments and contacting her parole officer. Her mother reports she's been sneaking out in the middle of the night and leaving for days at a time. She often looks disheveled and appears to have stopped all of her typical grooming. When confronted by her mother Brianna gets defensive and tells her mother to not bother her she has a mission to complete. Family have noticed Brianna talking to herself under her breath and she's told them she's tired of people "watching her."

Scenario 3

- James is 16 and came to your facility with a significant self-harm history. He has been very aggressive toward staff in the past and frequently threatens self-harm when he's dysregulated. He has an ACE score of 7 and an IQ of 68. He's in CPS custody and has no contact with anyone from his family. Staff are tired of his near constant antics and have begun to talk down to him when he acts out.