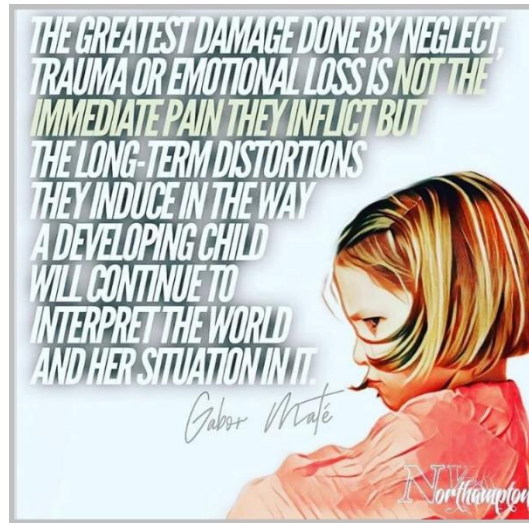


Building Connections to Help Every Child Succeed: A Multi-theoretical Lens for Implementing SEL Programs



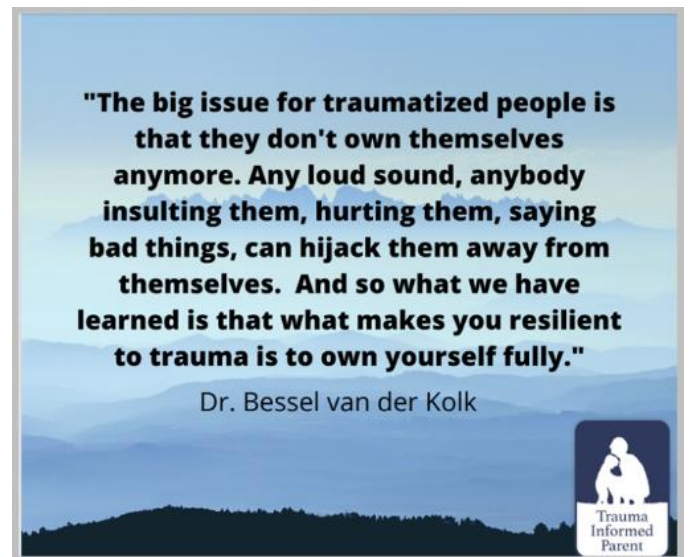
February 25, 2020

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This session will address childhood developmental models (Erikson, Maslow), our biological drive for safety (Polyvagal theory), and how early childhood attachment impacts lifelong learning (Attachment theory).

We will cover:

- Hierarchy of Needs
- Attachment Theory: Need for Connections
- Polyvagal Theory: Innate Drive for Safety
 - Survival Brain vs. Thinking Brain
 - ACEs
- How to Help Children Build Connections
- What Teachers Can Do
 - Multi-theoretical lens for building classroom culture
 - Emotion regulation & co-regulation
 - District-wide stress reduction



Building Connections

In order for educators to best help at-risk and all children, we need to understand attachment to primary and secondary caregivers. From birth, our society encourages the mother and newborn to begin the bonding/attachment process through skin-to-skin contact. We further encourage parents to cuddle, talk, and read to their babies and young children. But, what happens to the child when this process does not occur or, worse, the child experiences neglect, abuse, or other traumas?

Primary attachment typically occurs with the infant's primary caregiver who responds to the infant's needs (touch, food, health care). Ideally, the primary caregiver is consistently available and responsive to the child's needs.

Bowlby's primary attachment theory states this acts as a prototype for the child's future relationships. Therefore, if the child has an unhealthy attachment to their caregiver, they will potentially have unhealthy secondary attachments.

Secondary attachments are the bonds developed between non-primary caregivers such as relatives, teachers, and friends. Secondary attachments are important because they provide another opportunity for children to form safe and caring connections with others.

Why is attachment important?

Through bonds children are able to safely take risks and explore the world. Erik Erikson details the process of psychosocial developmental stages beginning in infancy with trust vs. mistrust, moving to early childhood with autonomy vs. shame and doubt. The next stage is initiative vs. guilt and then industry vs. inferiority in childhood. Adolescents progress through the identity vs. role confusion stage. Each stage builds upon the preceding stage and is marked by either success or failure to meet developmental psychosocial abilities at each stage.

When children fail to develop social skills and emotion regulation skills they are at-risk of developing a sense of personal inadequacy rather than the sense of mastery needed for healthy psychosocial development. Let's take a look at Erikson's and Maslow's theories of development and how development, coupled with attachment style and trauma history (ACEs) impacts a person's ability to learn and regulate emotions. The *essential* components students need in order to learn.



Erik Erikson's Stages of Development

Hope: Trust vs. Mistrust (infancy, under 2 years)

- Existential Question: *Can I Trust the World?*

Will: Autonomy vs. Shame/Doubt (toddlerhood, 2–4 years)

- Existential Question: *Is It Okay to Be Me?*

Purpose: Initiative vs. Guilt (early childhood, 5–8 years)

- Existential Question: *Is it Okay for Me to Do, Move, and Act?*

Competence: Industry vs. Inferiority (middle childhood, 9–12 years)

- Existential Question: *Can I Make it in the World of People and Things?*

Remember, each stage builds upon the previous stage. What happens to a person if healthy development fails to occur at each of these stages?

Fidelity: Identity vs. Role Confusion (adolescence, 12–19 years)

- Existential Question: *Who Am I and What Can I Be?*

Love: Intimacy vs. Isolation (early adulthood, 20–39 years)

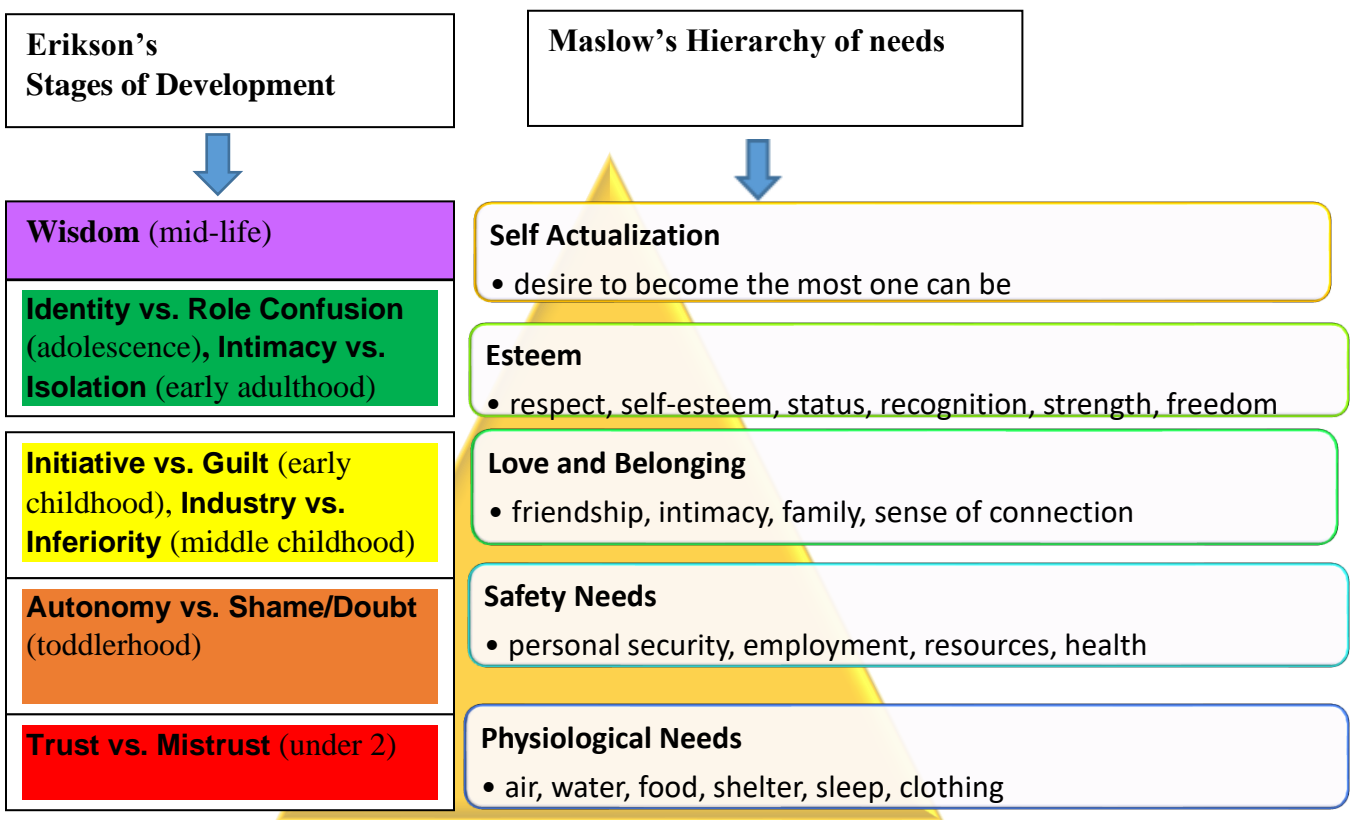
- Existential Question: *Can I Love?*

***Care** (middle adulthood), ***Wisdom** (Senior years)

* Not covered in this presentation

Maslow's Hierarchy of Needs

Maslow offers a depiction of the hierarchy of needs from a survival perspective. Similar to Erik Erikson's stages of development, Maslow's theory is sequential in that the lower level of needs must be met in order for an individual to fully progress to higher levels of needs such as self-actualization. In this diagram, Erikson's stages are listed as they parallel Maslow's hierarchy of needs. This diagram is designed to help educators and school counselors see how Erikson's stages plus Maslow's hierarchy tells us where student needs may have gone unmet. By uncovering this information, intervention teams can identify where the child may have stalled in various developmental stages.



If the needs for Esteem, Love/Belonging, Safety, and Physiological wellness are not met, motivation decreases. What does this mean for our at-risk learners? Does this already look familiar?

Adverse Childhood Experiences & Trauma

Adverse childhood experiences, or **ACEs, are potentially traumatic events that occur in childhood (0-17 years)**. For example:

- experiencing violence or abuse
- witnessing violence in the home or community
- having a family member attempt or die by suicide

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with:

- substance misuse
- mental health problems
- instability due to parental separation or household members being in jail or prison

ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. ACEs can also negatively impact education and job opportunities. However, ACEs can be prevented.

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

Children and adults who have experienced ACEs, may exhibit some of the characteristic below.

Trauma looks like:

- Intrusive thoughts
- Avoidance
- Over attachment (clingy, whining demanding)
- Hyperarousal, overreactions to situations (fear)
- Reactive behaviors (outbursts)
- Dissociated (daydreaming)
- Refusal to cooperate



The role of our autonomic system and how learning is impacted

The vagus nerve serves to protect us from danger. It connects our brains to our sympathetic and parasympathetic nervous system as a primary survival mechanism. We are wired to respond to danger involuntarily so that we may survive. What this means is when a person senses danger, the body responds to provide immediate protection from threat by flight, fight, or freeze. We can categorize our brain state as being in a state of survival **or** thinking/learning. When we are in survival brain, our autonomic nervous has involuntarily kicked in, revved up for survival against an instinctually* perceived threat. When in survival brain people are led by reactions, rather than thought out decision-making process. When we are in thinking/learning brain, we are safe and able to focus on being in the present moment and meeting demands.

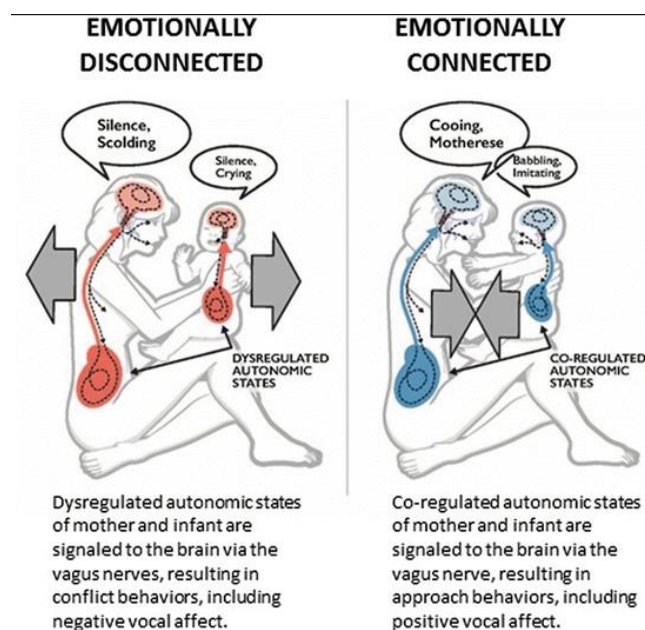
When we are connected with others:

- We feel normal happiness, openness, and curiosity
- We sleep well
- Our appetite is healthy
- Our face is expressive
- We emotionally relate to others
- We are more easily able to understand and relate to others
- We feel calm and grounded

* Based on polyvagal theory, the perception can be based on repeated experienced that have formed neuropathways that jump the individual right to fight, flight, freeze.

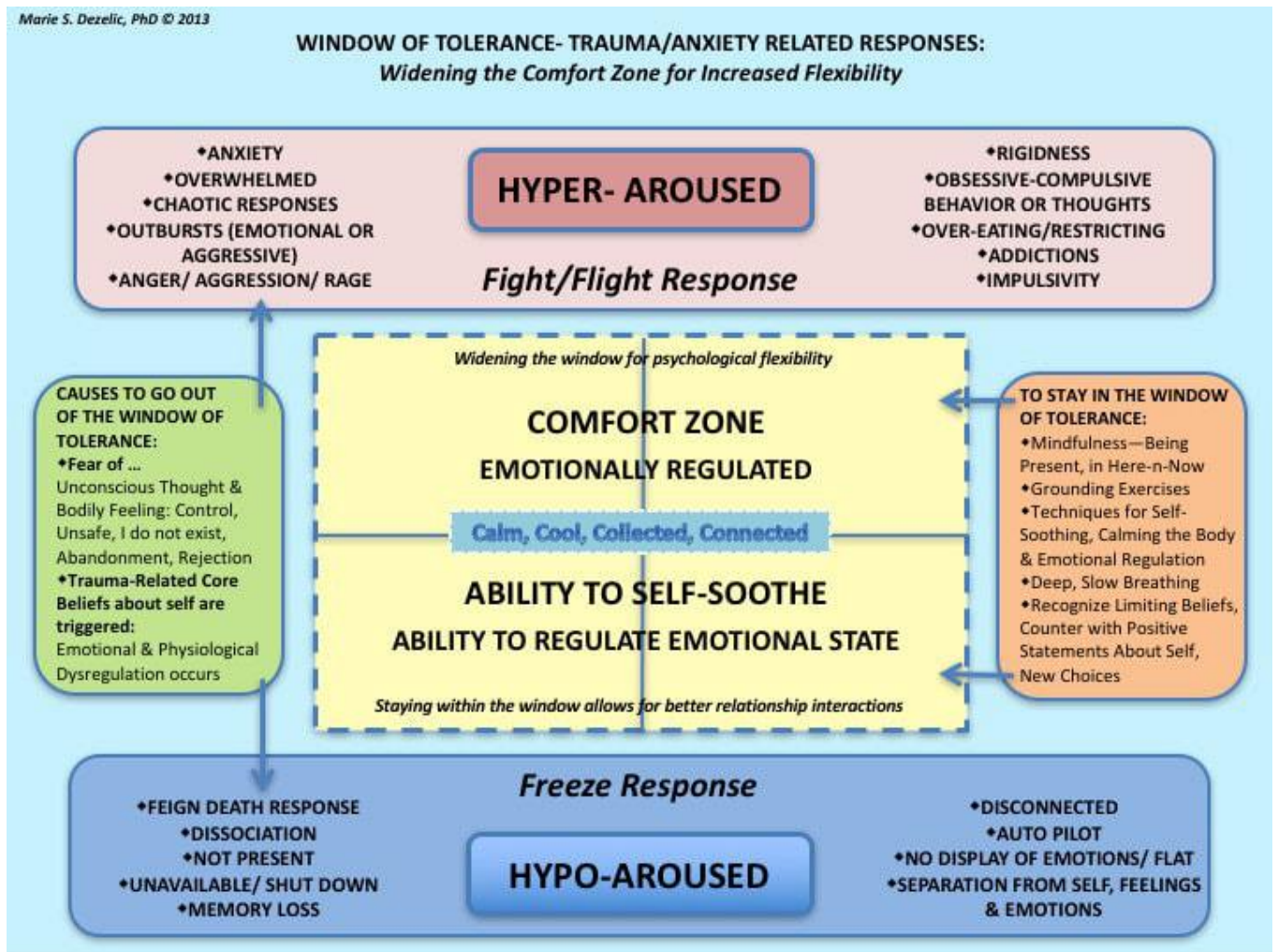
<https://psychiatrypodcast.com/psychiatry-psychotherapy-podcast/polyvagal-theory-understanding-emotional-shutdown>

Connections with primary and secondary caregivers teaches emotion regulation

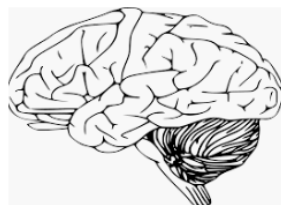


How Adverse Childhood Experiences and Trauma Impact Learners

Marie S. Dezelic, PhD © 2013

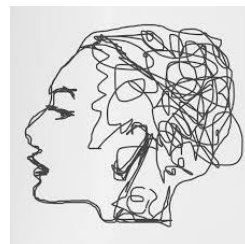


<https://guilfordjournals.com/doi/pdf/10.1521/pdps.2017.45.4.519>



Survival Brain

OR



Thinking/Learning Brain

Attending to Co-Regulation

Co-Regulation

As a child's ability to self-regulate increases, the less they rely on the assistance of co-regulation. The need for co-regulation can be present for any child and does not serve as definitive indicator of abuse, trauma, or neglect. As children get older, the need for co-regulation shifts to a need for monitoring and support of skill attainment.



How do we teach co-regulation?

- Teach emotion identification and vocabulary.
- Model the behaviors you want your students/children to learn.
- Using positive regard, divert the child's attention elsewhere.
- Offer a warm, nurturing, and supportive, relationship. Convey warmth and safety through tone of voice, eye contact, and supportive language.
- Use positive reinforcement.
- Set and maintain clear limits and expectations.
- Structure the environment to be student-centered allowing students options to enact self-regulation skills.

Co-Regulation for Young Children

In Infancy:

- Provide warmth and nurturing
- Anticipate needs and respond to cues
- Provide structure and consistent routine
- Provide physical and emotional comfort when child is distressed or dysregulated: speak calmly and give affection
- Modify the environment to decrease demands and stress

In toddlerhood, in addition to above:

- Teach age-appropriate rules and expectations
- Label emotions; teach and coach use of words to express emotions
- Model waiting and self-calming strategies
- Redirect child attention to regulate behavior

In preschool-aged children, in addition to above:

- Teach and coach identification of solutions to simple problems
- Coach and incentivize rule-following and task completion
- Model, prompt, and reinforce self-calming strategies like taking a deep breath
- Provide external structure for calming down, including a calm-down space and materials
- Provide clear and consistent consequences, carried out in firm yet calm manner

Characteristics that support co-regulation skills.



- Emotional literacy, including recognizing emotions and using words to express more complex feelings
 - Emotion regulation:
 - Ignoring things that are mildly irritating, distracting, or frustrating
 - Calming down using strategies like deep breathing, relaxation, imagery, or positive self-talk
 - Social flexibility, such as trying a friend's idea or considering others' perspectives
 - Social skills, like being patient and taking turns
 - Paying attention and staying focused
 - Working independently
 - Persistence with difficult tasks
 - Problem-solving skills and flexible thinking
-
- Awareness of and attention to emotions
 - Strategies to tolerate and manage normal levels of stress/distress
 - Strategies for seeking help when stress is unmanageable or the context is dangerous
 - Effective organization, time management, and task completion skills
 - Setting longer-term goals and self-monitoring to achieve them
 - Problem-solving complex life situations
 - Effective decision-making "in the moment"
 - Anticipating challenges and problem-solving in advance
 - Decision-making with a future perspective
 - Compassion for self and others

Teaching co-regulation

Co-Regulation for Elementary-aged Children

- Continue to provide a warm, nurturing, supportive relationship
- Assist in problem-solving more complex academic, behavioral, and social situations
- Model conflict resolution strategies
- Prompt and coach coping skills and calm-down strategies, including self-talk and relaxation
- Teach and support organization and planning skills needed for academic success
- Provide opportunities to make decisions and self-monitor behavior
- Continue to provide clear rules, structure, and consequences in a calm manner

Co-Regulation for Adolescents

- Provide a warm, responsive relationship
- Provide support and empathy in times of intense emotion
- Model, monitor, and coach more sophisticated self-regulation skills across different contexts
- Monitor and limit opportunities for risk-taking behavior
- Provide opportunities to make decisions and self-monitor behavior in less risky situations
- Give time and space to calm down in times of conflict
- Monitor and prompt use of organizational and planning skills for successful task completion
- Continue clear rules, boundaries, and consequences to incentivize good choices

From: <https://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/Co-RegulationFromBirthThroughYoungAdulthood.pdf>



The Eight Basic Social and Emotional Needs of Children and Adults

1. To be safe and secure.
2. To be loved and have a sense of self-worth.
3. To receive attention and be understood.
4. To have a sense of control and predictability.
5. To recognize and be able to handle strong feelings.
6. To have a sense of power and feel independent and competent.
7. To be engaged in stimulating pursuits.
8. To enjoy relationships and have a sense of belonging.

15 things teachers can do to help student who struggle with emotion regulation.

1. Prioritize the student's feeling of safety
2. Build relationships with each child
3. Regulate your emotions when under stress and duress
4. Make contact with each child
5. Listen, seek to understand
6. Show Empathy
7. Learn to recognize stress responses and distress cues
8. Offer warmth and compassion
9. Maintain a growth mindset
10. Collaborate with wraparound stakeholders
11. Build connections with parents
12. Understand the cause of the exhibited behaviors
13. Provide structure, predictable routine, and firm boundaries
14. Nurture the learner
15. **Practice routine self-care**

Finally, school administrators, teachers, staff, and faculty need intentional strategies to address stress and resiliency. It is vital to our children that we take care of ourselves and each other by creating positive, happy environments where everyone has the opportunity to grow into the best version of ourselves.



About the presenters

Layla Kurt, Ph.D., PC is an Assistant Professor at the University of Dayton. She has experience working in K-12 education as a teacher, assistant principal, and school counselor. She is also a licensed professional counselor (escrow) and has worked in private practice helping families through behavioral struggles and family changes. Her research interests are in the correlation between student success and school-based attachments and school climate.

Shealan McAlister is a school counseling graduate student at the University of Dayton and a school counseling intern at a southwestern Ohio high school. She holds an undergraduate degree in psychology from the University of Cincinnati. She has six years of experience working at Cincinnati Children's hospital as a research assistant. Her current research involvement is in early childhood mental health; Social Emotional Learning; student success and school connectedness.

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