Traditionally schools have provided a place to learn and grow socially, yet many schools have become battlefields where teachers are pitted against students in a lose-lose situation. What has changed? What needs to change? The needs of dysregulated students are very different from the needs of their neuro-typical peers. Furthermore, the typical behavior modification reward and punishment systems utilized in most schools do not work for them. Teachers require new tools and strategies to keep up with the increasing number of high needs children in their classrooms. Training must change for educators to understand and respond to youth that are highly dysregulated. We must change the questions being asked from “What is wrong with you?” to “What happened to you?” We must focus on the underlying issues causing the behaviors.

Understanding what causes these behaviors is the first step towards better outcomes. When we understand that a child is acting out their trauma and not deliberately misbehaving, we can approach behaviors from a new mindset.

When a friend of mine who is an elementary teacher posted a picture of her arm in a cast, I instantly knew what had happened. This increasing rage and violence comes from traumatized children who have experienced a variety of traumas: violent and unpredictable homes, abuse, neglect, adoption or foster placements, serious health issues that result in frequent and long hospitalizations, repeated loss, and community violence. As we become more trauma-informed at home and in therapeutic settings, we need to move trauma-informed care into all aspects of our society, especially schools, because that is where children spend the majority of their time.
Although schools are beginning to have professional development addressing trauma-informed teaching, it tends to end with teachers understanding ACE scores and the physical changes that stress and trauma cause on the developing mind. Actual strategies to use in the classroom usually are not offered.

Many strategies have been identified, and training is available for schools, yet how do we work as a parent-teacher-student team? The first step is to open the lines of communication. I have found the greatest success when coming from a focus on the child and what we can do as a team to help them. It requires being patient and open to learning new skills. Teachers do want to be effective yet they receive a lot of top down directives about posting discipline levels, using the school mandated discipline system, and implementing curriculum that is age-appropriate. Remember to be as understanding with the teacher as you want her to be with your child. General respect, communications, humility and willingness to learn from one another will go a long way.

The second step is to re-frame the discussion on the cause of the behaviors so that the teachers can have a greater understanding of why they are seeing the disruptive behaviors. Explaining the trauma impact on behaviors that may seem disruptive helps keep the topic on the nature of the condition, not the will of the child. For instance, if your child is in constant motion, frame it as, “She deals with a great deal of anxiety and it comes out as movement. Letting her have fidgets in her pockets and allowing her to sit on a yoga ball, really helps with the anxiety. If you do not have fidgets or a yoga ball, I can provide them.” Offering to provide small items makes it harder for school to refuse.

My son is hyper-vigilant. A crinkly paper behind him registers in his mind with the same level of importance as your instruction because he protects himself by being vigilant. One way to help is to minimize things that most people do not find distracting such as fluorescent lights or windows without blinds. Those are structural, so you might not be able to do much about those. Remembering those distract him, just ask him directly to turn in work or write down an assignment. He might miss the general announcement to the class. Using a loud voice merely confuses him.

My daughter’s early life was spent in a chaotic orphanage. She has an increased need for control. When you use a sticker chart for rewards, she is not participating to be obstinate, but to remain in control. She cannot control getting a sticker, but she can control NOT getting one. If you tell her to do something completely reasonable like to put her books away, and she does it, you are in control, so it is highly likely she will refuse. She is not being bad, she is terrified of not being in control. If you ask her if she can help out and put the books away, she is in control and will do it.

My son has endured a great deal of loss in his short life. When you ask him to take his seat or he will lose recess, he is not mocking you by remaining standing. Losing recess simply does

As parents and as professionals helping parents, a lot of our focus is keeping our children close and working to keep an empathic connection going. Another part of the attachment process is separation and helping our child launch out into the world. Secure Base and Safe Haven, and how to keep these two themes in balance. Secure Base: the caregiver gives a good and reliable emotionally stable foundation to the child as he goes on learning and sorting out things by himself. Safe Haven: Ideally, the child can rely on his caregiver for comfort at times whenever he feels threatened, frightened or in danger. For example, if a child is given a toy that he doesn’t like, he’d cry and his mother would remove the toy and hug the child so he would stop crying. Some of us do better with one part of this dual process than others, based on our attachment history and style.

I am looking forward to our 28th annual ATTACH conference this month. The keynotes and workshop session topics span across a wide spectrum of the themes of trauma and attachment for both parents and for the professionals who help them. I know that these workshops will help to stimulate my thinking about parenting and balance – which is my stronger suit – Secure Base or Safe Haven? How can I balance these critical, similar but different sides of the coin?

I invite you – parent or professional, to enjoy our conference and wish you a good launch into this next school year.

Michael Blugerman, ATTACH President

BOOK REVIEW

Since the school year is approaching I decided to write a review on a set of books that can be used to assist students in the art of mindfulness living. The name of the books are The MindUp Curriculum: Brain Focused Strategies for Learning-And Living, Grades Pre-K to 2; 3 to 5 and 6 to 8.

These three books form a core curriculum for teachers in instructing children about the (cont’d)
Looking Beyond Behavior: Understanding Traumatized Children in a School Setting (cont’d)

not register as loss to him. You simply cannot trump his losses.
The third step is to implement strategies directly with the teacher and school, and write these into the IEP (Individual Education Plan) as needed. Here are some suggestions and strategies that have helped many parents and teachers.

- Communication may be done by text, email, a phone call or sending a notebook back and forth with updates. Teachers have a lot on their minds, too. Offer to initiate the communication every week.
- Let the teacher know if your child has something big going on at home or is experiencing a trauma anniversary.
- Teachers, let the parent know if the child was struggling in class, how you handled it, and ask for advice for next time.
- A simple call home with a calm and validating parent can help re-regulate a child and get them back into their daily routine.
- Likewise, a calm, caring and attentive teacher will go miles compared to yelling and punitive approach. Children calm down much faster when adults stay calm and helpful. Children can only learn when regulated, so remaining regulated or returning to a calm state is more important than finishing a math sheet.
- Have a plan of action so that everyone, especially the student knows what they can do or where they can go when starting to be triggered. This space is not a reward or punishment; it is something the child needs, just like water.
- Having large exercise balls to sit on, sensory fidgets in the room and frequent movement embedded in the day can help youth stay in the classroom therefore limiting missed time.

Remember, we all want the same outcome and there are now plentiful resources to train and support parents, teachers, and anyone working with children and youth.

Mary M. McGowan, Executive Director of ATTACH and adoptive mother of 5, and Patricia Rydeen, teacher for 34 years and adoptive mother

BOOK REVIEW (cont’d)

various parts of their brains and how their brains take in stimulation and then how the brain communicates with the rest of the body. The books focus on the following skills: mindful and focused awareness, attending to all the senses and movement, perspective taking, optimism and appreciation, and finally moving into the fruits of a daily mindfulness based practice which includes the expression of gratitude, performing acts of kindness and taking mindful action into the world.

I came upon this curriculum while searching for some mindfulness based strategies to assist the traumatized children who come to our center each day. These books were developed by a team sponsored by The Hawn Foundation. In case you are wondering, the answer is YES! Goldie Hawn started this organization and brought together some of the best neuroscience and mindfulness minds of this century in developing the program including Dan Siegel and Deepak Chopra. Then her organization did some impressive outcome based measurement that supported the strategies presented in the curriculum. You can access all of that information by going to www.thehawnfoundation.org.

As I read through all of the books which were about $25.00 each through Scholastic Publishers, I could envision adaptations from the classroom to the group therapy and even individual or family therapy settings. I am happy to report that in our last Adoptive Family Group within the children’s group it was the MindUp curriculum that we successfully used to teach 8 traumatized attachment challenged children to slow down their brains, learn to focus and breathe and embrace life in a more intentional and positive way. Give it a look!

Lois A. Ehrmann PhD, LPC, NCC
ATTACH Board Member

PARENT’S CORNER

One of the funniest and truest things I heard at a parent support meeting was, “I knew that I would read to my child every night before tucking him in, so he’d be fine.” It’s exactly how I felt about adopting an infant from Kolkata. We’d eat curry, learn about the Hindi Gods, do yoga, and watch baseball, so everything would be fine. We did all that and things were not fine. I found myself feeling ashamed because I thought I was a horrid parent, isolated because it was too hard for people to be around my daughter’s behavior and even blamed for things I could not control.

I was doing everything I thought I should do. We were going to family therapy and my daughter had her own therapist. (cont’d)
But it wasn’t helping. I was going to work with scratches on my face. I was going to work in old glasses when she broke them off my face. She was 6. I needed to call the police on several occasions to take her to the hospital. No one really understood the real problem. A nurse told me that children needed consequences for their bad actions. A county worker came out once and said in a stage whisper, “Does she know she’s adopted?” The help that we were getting was making things worse. I worried about my decision to adopt. I wondered if she would be better off in a different family.

When I called the Children’s Crisis Hotline, not for the first time, a wonderful pair of workers came out to the house. One calmed my girl down. The other one who was an adoptive parent gave me the information to join an on-line adoptive community. This community was an absolute lifesaver. I found out that I was not alone. I learned that my daughter’s behavior was actually predictable. I was given the names adoption/attachment competent therapists. I learned how to understand my daughter’s needs and more importantly, suggestions for parenting that could teach her to change her behaviors. I found a community that laughs and cries over the same experiences. I finally found, my people: people that understood without judging. People that had adopted and reading before bed and eating curry was not enough. It’s a lot of us.

I have been to very few in person support groups. Between therapy appoints, music lessons, and melt downs, it’s hard to plan. Online works really well for me. I can check in every now and again without leaving home. I’ve gone from the person needing advice to the person that can say, “I’ve been there, this is what worked for me.”

Sharing my experience and learning from others who have been there has been way more helpful in helping us be fine that eating curry. And we are doing fine at this moment.

Patricia Rydeen, Parent Member