**Helping a child with Regulation-**

**The Why’s, What’s, and How’s**

* **Emotional dysregulation**- inability to control or regulate our emotional response to a stimulus our nervous system deems threatening (i.e., potential meltdown)
* Actual threat of danger is responded to in SAME way as a perceived danger by our brain (think of a faulty smoke detector)

***So…what happens in the brain when a child perceives a real or imaginary threat:***

1. Information is taken in through the senses and goes to the AMYGDALA
2. AMYGDALA interprets images and sounds
3. If danger is sensed, real or perceived, a distress signal is sent to the HYPOTHALMUS
4. The HYPOTHALMUS (command center) communicates with the rest of the body through the nervous system
5. Autonomic nervous system- flight, fight mode
6. Adrenaline is pumped into the body; if threat persists cortisol is pumped into the body and body stays on high alert; if threat further persists one may go into “shutdown”

***MORE:***

* If there is trauma prior to age 3, the wiring of circuits in the brain can be disrupted
* If babies do not have help regulating their emotions, they have no choice but to “clip the dashboard wires” (disassociate their experience)
* If baby is not permitted to have emotions in the attachment period shame is evoked, emotions are “cut off” like a circuit breaker

***REGULATION AND ATTACHMENT IN INFANCY***

* Caregiver has a central role in co-regulating with child.
* If a child has not had his/her regulatory needs met early in life they may carry distress in the nervous system, may need continued higher needs of co-regulation, and struggle with self-regulation.
* A dysregulated mother/attachment/wound/abuse may cause babies to go into “protective mode.” Baby may no longer seek co-regulation, cortisol and other stress hormones flood prefrontal cortex and storm brain cells, brains programmed to sense threat even in the absence of threat

**So, how do we “teach” co-regulation?**

**INFANCY-**

* Warmth and nurturing
* Anticipate needs
* Respond to cues
* Structured consistent routine
* Calm voice
* Affection
* Modify environment to decreased demands and stress

**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 calming strategies
* Redirect child to regulate behavior

**PRESCHOOL AGED- (in addition to above)**

* Teach and coach identification to solutions to simple problems
* Coach and incentivize rule following and task completion
* Model, promote, and reinforce self -calming strategies
* External structure for calm down (space)
* Clear and consistent consequences

**ELEMENTARY AGED- (in addition to above)**

* Warm, nurturing, supportive relationship
* Assist in problem solving more complex situations, such as academics, behavioral, and social
* Model conflict resolutions
* Increase and teach emotional literacy
* Prompt and teach coping skills and calm down strategies such as self-talk, relation, and distress tolerance
* Teach and support skills such as organization and planning
* Continue to provide clear rules, structure, and consequences in a calm, regulated manner

**\*\*\* VALIDATION OF A CHILD’s EMOTIONS IS KEY \*\*\***

***RIGHT BRAIN VERSES LEFT BRAIN***

* Right brain is dominate first three years of a child’s life
* Early trauma held in right brain and is not accessible to left brain

**Right brain**- Emotion, pictures, unconscious, non-verbal, relational

**Left brain**- logic, order, language, conscious

* This is why “talk” and asking a child “why” does not work- they are in the right brain and you are asking things that are “left brained”- kids with trauma may appear much younger emotionally

***So, what may look like a threat to a child?***

* A mean look
* A test that is too hard
* Too much noise
* Trauma cue
* Angry eyebrows
* Someone standing over them
* Sibling taking last snack
* Social media post
* Not being prepared for class
* A loud voice
* Monotone voice
* Crossed arms
* Nobody to sit with at lunch
* Nobody to play with at recess

***\*\*\*\*\* Any of the above may throw a child into a sense of threat, i.e. fight or flight mode, which is at the unconscious level***

**WINDOW OF TOLERANCE**

* Therapy and regulation help widen our window
* Stress and trauma decrease our window

**Small window may look like:**

* Easily triggered
* Poor self-regulation
* Little ability to think logically, learn, and socialize
* Emotional, cognitive, or social delays

**When a child is in FIGHT OR FLIGHT mode, we may see:**

* Hyper-alert
* Hyper-vigilant
* Defensive
* Anxious
* Emotionally reactive
* Disorganized movement
* Impulsive
* Takes physical risks
* Excessive motor activity
* Overwhelmed
* Disorganized
* Highly irritable
* Uncontrollable bouts of rage
* Aggression
* Dissociation
* Hyperactive
* High intensity

***This is why in session kids may get very wiggly; they are uncomfortable and may feel threatened; it’s my job to down regulate this stress response and promote greater self-regulation while being empathic, showing unconditional positive regard, and disconfirming the threat***

***As a CO-REGULTAOR you can be seen by child as SAFE or DANGEROUS- this is at an UNCONSCIOUS LEVEL, so WORDS are not as important as VISUALIZATIONS***

**CUES OF SAFETY:**

* Below eye level
* Calm voice
* Vocal prosody
* Eye crinkles
* Soft/safe eye contact
* Head tilt

**CUES OF DANGER:**

* Quick movements
* Low voice- danger
* High pitched voice- distress
* Monotone voice
* Loud voice
* Posture over another
* Wide eyes
* Rapid fire questions

**It is important to connect with the child;**

**be aware of your own nervous system, name feelings, & give choices**

**Trauma does not tell time**

**IMPLICT MEMORY**

* Sensations
* Feelings
* Perceptions
* Behavioral Impulses

**EXPLICIT MEMORY**

* Awareness of experience as a memory
* Conscious
* Visual
* Verbal
* Logical

***Child may feel like they are experiencing trauma all over again if there is a reminder (implicit or explicit). At this time, they need a connection, empathy, co-regulation, and safety- do not confirm response by providing an unsafe cue.***

***\*\*\* Information in this handout organized by Sherry M. Waters, MSW, LCSW, RPT- Taken from training completed from Meehan Mental Health; this is for informational purposes only***

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