

# **OH, NO, NOT THAT KID IN MY CLASSROOM!**

What Teachers Need to Know about Students and Mental Health

Written for  
Brockton Area Multi Services Inc. (BAMSI)  
Parent Information Network  
Southeastern Area Department of Mental Health

**By Linda A. Grillo © 2005**

## **FOREWARD**

Over the past 36 years as an educator in an urban school system, I have learned much about what is best practice for teaching all students. To me, the most important piece is in understanding the social, emotional and academic development of each child. Every aspect needs to be investigated and taken into account when making a plan for a child and family in crisis.

Children communicate to the adults in their lives in many ways. Acting-out behaviors are present for a variety of reasons. When children ‘speak’ to us in this way, we must sit up, take notice and listen very carefully. As the adults in charge, parents/guardians, teachers, therapists or any others present in a child’s life, we have an obligation to put the needs of the child first and foremost.

The information in this booklet is vital for teachers and parents struggling to educate and raise children in our high pressure, fast-changing society. More children are coming to school with problems that have been caused by the tremendous changes in family structures and society in general. We are the people that children look to for help with solving their problems. We must be there to provide the respect and kindness that they need to feel safe and secure.

Paula K. Akiba, M. Ed  
Elementary School Principal

## **ACKNOWLEDGEMENTS**

This booklet is about helping teachers understand the complicated Lives of students with emotional challenges and how mental health Difficulties can affect their classroom behavior, relationships with peers, parents, teachers and other adults, and their academic progress.

Paula Akiba  
Brenda Lee Boris  
Anne Marie Flynn  
Dotti McMorro, w,  
Kati Osterman  
Lori Santana  
Sarah Jane Swart  
Corinne Rayburn  
Christine White

are the very generous parents, teachers, and clinicians who contributed their time, wisdom and expertise and continue to teach me.

Thanks to Kathy Regan, R.N/, and the staff of the Child Assessment Unit at Cambridge Hospital for their help with the preferred language list and for their humane work with children who struggle and to Dr. Ross Greene who believes in working with parents and children together to learn the skills necessary for solving problems in life.

To Marie Niarhos, who gave me the opportunity to write this piece, I am especially grateful. We have worked together for many years as parents, former teachers, colleagues, and friends, to advocate for children and families with difficult challenges. Her wisdom is always inspirational and educational!

To all of us who chose education as a profession, I am privileged to share a note from Christine White, a valued contributor to this booklet.

“I was one of those children who did quite well in school and school was my sanctuary. My mother had all three children by age 21 and married three times. Our family ranged from three to seven children with grandparents and aunts and uncles living above and below at different times. There was trauma, transition and loss. And yet, I loved school. School was where the rules were clear and consistent. School was safe and straightforward. I was not a child who acted out behaviorally but school was central to my survival. I looked forward to school and couldn't wait for vacations to end, morning to come, summers to be over so I could go back to the very boring, structured and predictable world that was school. If a teacher was nice, kind, compassionate - that was all icing on the cake but just to have responsible adults who showed up on time, did the same thing day in and day out, didn't have emotional ups and downs, were just consistent was HUGE.

So, I guess I want to say that the most average teacher on the most average day can be making a world of difference and be an example to a child who may seem to blend in with others, do well academically but be absorbing lessons about life and human behavior. I think teachers touch kids' souls without either the teacher or the child knowing it. In retrospect, when I think, "How did I survive and go on to thrive?" and immediately I think, "School," and it was the overall of the school experience and, not any one teacher, but all of them.

I think it's essential and important to acknowledge the difference teachers can and do make. I'd love to see that included as well because and maybe teachers don't know or hear it enough how important they are. Even while teaching a seemingly "low maintenance" kid they could be providing the most important life lessons by teaching adequately. They don't have to be the most kind, warm or gifted teachers. I think teachers just by being teachers can be miracle workers.”

**We are who we are in good measure because of what we have learned and what we remember.** {Nobel Laureate, Dr. Eric R. Kandel}

## WHO IS...

It is the first day of a new school year and the classroom shines with polished floors and colorful bulletin board displays. Many students carry recently purchased backpacks, student notebooks, pencils, pens and crayons. The promise and excitement of a fresh start is in the air for students and teachers alike.

Yet, along with new athletic shoes, lunch bags, and school clothes, for those fortunate enough to afford them, *a growing number of children and youth enter their classrooms carrying the often-invisible burden of mental health challenges.*

For adults who have had limited or no experience in their own lives with mental health challenges caused by genetics or trauma, *it is shocking to think of very young children suffering from depression, anxiety, or panic attacks.*

Yet, mental health difficulties can occur for children and youth of any age and according to the Surgeon General's Report of 2000,

**“Approximately one in five children and adolescents experience signs and symptoms of mental health disorders.”**

## ... IN MY CLASSROOM?

Scientific research has shown us that mental health and physical health are inextricably linked. Body and brain depend on each other to work efficiently for a person's best outcome. Brain research has expanded our knowledge of how human beings learn to understand the world and those in it, and we now know without a doubt that *deprivation and traumatic events change brain chemistry.*

Many adults may not be aware of or appreciate the number of students who suffer from the trauma of separation from their parents or siblings through *divorce, illness or death*; those who live in *adoptive, foster, kinship or guardianship* families; those that have suffered from *neglect, physical, emotional, or sexual abuse* or have had *many caregivers*; or the number of children and youth with a *genetic predisposition to mental illness*. Increasing numbers of children and adolescents are affected by first-hand traumas from *hospitalizations or surgeries*, the second-hand trauma caused by witnessing *domestic violence or automobile accidents*, and daily media stories of *war, earthquakes, Tsunamis, neighborhood fire or police emergencies*.

**Trauma effects are not always obvious immediately after the trauma has occurred. Trauma effects can appear in both subtle and obvious ways throughout a person's lifetime.**

## THAT WAS THEN...

In the good old days of the late 1950's and early 1960's, television programs Bachelor Father, Father Knows Best, Leave it to Beaver, and even in the later years of the 1980's and The Huxtables; children were welcomed home from school by a parent. They changed school clothes to old clothes and headed outside to run and play with neighborhood friends.

Play was accepted and acknowledged as a part of a child's life. Learning to negotiate game rules with peers, *being on a* team, or even being the last one chosen for the team taught life lessons – good ones, hard ones, some fair and unfair. The risk takers and adventurous created mischief that may have been annoying to peers and neighbors but was not life threatening. While far from perfect, the lives of most children and youth were more stable, less dangerous and more childlike.

## ...THIS IS NOW

“Since these good old days, the nature of childhood has changed. Few of us faced the same performance expectations that confront our children in sports and the arts, as well as in academics. Issues related to sexual activity, drugs and alcohol affect our children at an earlier age than we remember and complicate their school experience.”

(John D'Auria, Ed.D., principal, Wellesley Middle School. The Wellesley Townsman, 2005)

Dr. D'Auria's words are of particular importance when educators and parents read this statement in the Surgeon General's Report,

“Childhood is characterized by periods of transition and reorganization, making it critical to assess the mental health of children and adolescents in the context of familial, social, and cultural expectations about age-appropriate thoughts, emotions and behavior.”

Academic expectations have changed dramatically as pressures to be the best and achieve spectacular success now have an impact on children as young as preschoolers. Opportunities for “just playing” are becoming more and more limited as daily after school activities are either academically focused or organized for competitive sports, dance or any variety of structured arts and athletics. Children are very busy – very, very busy.

**Recent studies have shown that fewer than 20% of children who suffer with mental health challenges receive the help they need! Assessment of children's mental health needs as they enter school and throughout their school years is critical indeed.**

## OUR JOB

A collaborative effort of educators and mental health professionals could make an important difference in delivering services to students who are at risk.

Our job as teachers is one of great

### **RESPONSIBILITY**

*(a duty or trust.)*

Our job task as teachers is to

### **EDUCATE**

*(Develop and/or train the mind, capabilities, and character as by formal schooling or instruction).*

Our job challenge as teachers is to be

### **INNOVATIVE**

*(Make changes or alterations in; bring in new ideas and methods.)*

It is the responsibility of all adults, but especially those in the helping professions, to develop safe and trusting relationships with students. Supporting children emotionally is a sensitive and difficult job. Teachers in particular, bear enormous responsibility for the well being of students due to our immeasurable influence on their self-esteem and self-perception. Today's children and youth often spend more time in their classrooms and with their teachers than they do at home with their parents.

The number of students who come to school with emotional needs is increasing. Expecting and accepting the fact that children and youth with mental health challenges will be in our classrooms helps prepare teachers for the extra layers of responsibilities and skills that must be acquired. A friend once described such similar situations as "making friends with reality." The reality for today's educators is that youngsters with emotional difficulties will be in every classroom and it will be our responsibility to support them as we teach them.

## ...AND THAT'S NOT ALL

If the nature of childhood has changed, so too, has the nature of teaching.

**Teacher And Parent Vocabularies** have expanded to include the Alphabet Soup adjectives of mental health diagnoses. The list is long. Among the most familiar are Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Anxiety or Depression, Asperger's Syndrome, Oppositional Defiant Disorder, Obsessive Compulsive Disorder, Bi-Polar Disorder, Reactive Attachment Disorder and problems with Sensory Integration.

**Gaining Competency** in helping students learn to adapt and belong to a classroom setting and connect with their classmates in a healthy way seems like a daunting task. Educators can boost self-confidence by reverting to the basics of good teaching.

- Trust our instincts.
- Use common sense.
- Remember our humanity and the child inside us.
- Remember that children and youth are not adults even though they may be taller and weigh more than many of us.

Mental health and emotional challenges often create **Behavioral Reactions** that are intense. When a student reacts and responds in unusual and sometimes shocking ways, their behavior scares their peers. These reactions are also frightening to the students themselves, their teachers and their parents. Most teachers are not prepared to manage these types of responses and are frequently stunned by these intense and sometimes violent reactions and responses that seem to *come out of nowhere* and cannot be managed successfully by traditional methods.

**Traditional administrative measures such as detention, suspension, restraint and seclusion are not useful. We cannot cure or fix behavior caused by mental health problems by punishment.**

## THE QUESTIONS

Educators and Parents Must Ask

1. Does it make sense to think that a child wants to be so different, to be so unwelcome, to be lonely and isolated in the extreme, or to continuously be “in trouble”?
2. Are those bright, shiny-faced children who hopped off the kindergarten bus really planning to spend the day making grownups angry with them?

### Possible Consequences Of Inaction

- Unless the child is helped with appropriate assistance and understanding, the child will;
- Become ostracized and excluded by classmates,
- Estranged from a productive teacher/student relationship
- And may begin a downward spiral of academic and social failure that may exacerbate the conditions already present.

### The Teacher’s Tools

Teachers are trained to:

- ❑ Present subject matter
- ❑ Facilitate a classroom filled by students with different learning styles,
- ❑ Help those students learn social skills and self-discipline;
- ❑ Help students achieve a sense of academic success and
- ❑ Develop self-esteem.

## THE ABCs

of Supporting Students with Emotional Challenges

### APPRECIATE

Appreciate differences.

### BELIEVE

Believe that children do well if they can,  
and children do well when they can.

### COMMIT

Commit to helping when they are not doing well.

Children and youth are rarely able to articulate what is wrong or tell us that they are unable to overcome the challenges facing them. Dr. Ross Greene, author of The Explosive Child, says that,

“Children do well *if* they can. If they can’t, it is our job to figure out why so we can help.”

**Children do well if they can – not if they want to.**

## OUR LANGUAGE

It is not unusual for the children themselves to be viewed as *The Problem*. Students are referred to as *special needs* or *challenging children*, *difficult children* and *problem children*.

While adults appreciate that these terms are verbal shorthand, the labels hurt children. When we refer to children by their diagnosis, as an ODD, ADHD, or RAD kid; or as manipulative or hyper, we are defining them by these labels, thus reducing the chance for a child to be respected and welcomed with compassion and empathy.

First impressions are often the ones that are lasting. First impressions can be made about a child by reading a report or listening to someone at a case conference or educational conference. Words spoken can create indelible pictures.

Instead of meeting Sonja, a student who has difficulty with auditory processing, we know Sonja as *insolent*. Instead of Mike, a boy who needs help with problem solving, we meet Mike as *manipulative*. Referring to children in this way invites assumptions and judgments that are difficult to change.

We never say adults are misbehaving if they are suffering from depression, anxiety, or grieving. We use the word misbehaving exclusively for children.



By changing the lens we use to view a child's behavior, we can make a dramatic difference in the outcome of our work. We will see *children with problems* instead of seeing *problem children*. The words adults use convey our feelings and beliefs about the children we parent, teach, and influence.

**Our words directly and immediately impact their self-esteem.**

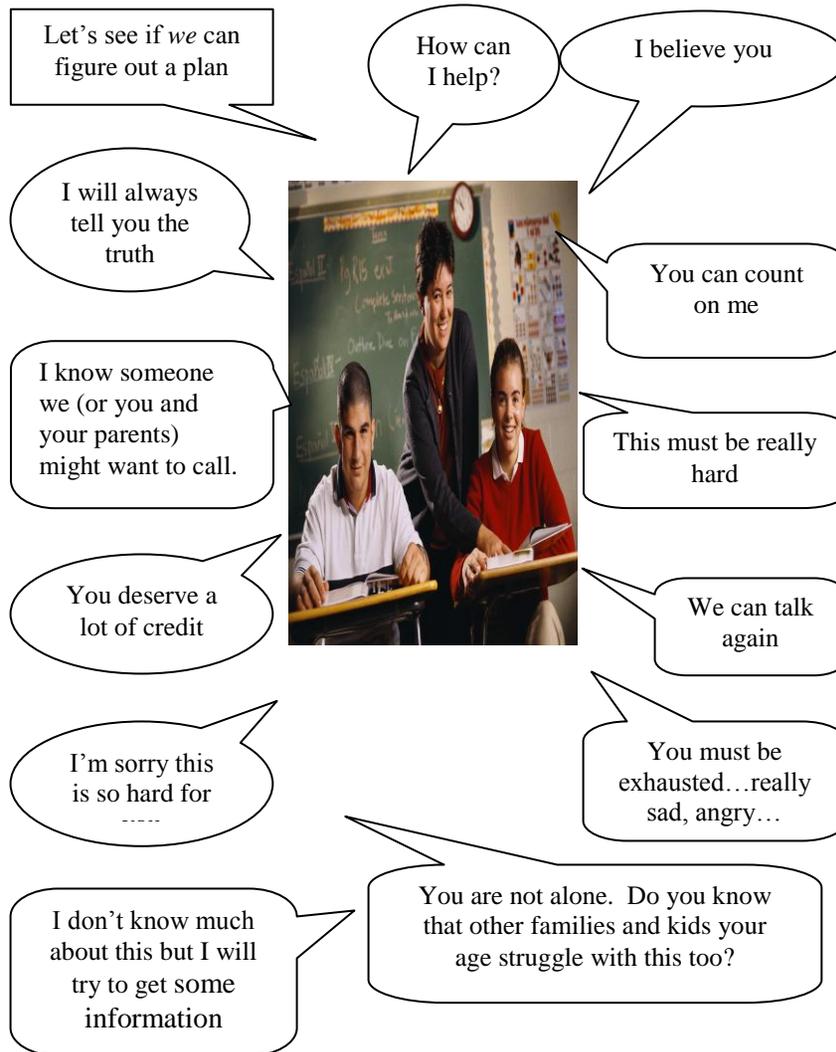
## PREFERRED LANGUAGE

It is more respectful to say Emmanuel or Isabel are children with problems, or have been diagnosed with ADHD, children in the care of the Department of Social Services, in Foster Care, or have attachment difficulties, children with special needs instead of Special Needs or Problem Children, or ODD, ADHD, DSS, RAD or Foster Kids.

Preferred	Instead of...
<b><u>Has Difficulty...</u></b>	
Interpreting Social Cues	Does his own thing
Communicating Needs	Negative behavior
Managing Transitions	Refuses, Stubborn
Maintaining Focus	Provocative
Developing Self-Awareness	Pretends
With Time and Sequencing	Flighty
Solving Problems	Manipulative

<b><u>Has Deficit in Skills...</u></b>	
Receptive or Expressive Language	Demanding: Wants attention
Social	Splitting Behavior
Sensory Motor	Has No Boundaries
Auditory Processing	Insolent
Becomes Frustrated	Refuses to Listen; Won't Listen
Impulsive	Does What He Wants, When He Wants
Unable to, not able to	Fails to; Refuses
Irritable, Cranky	Inappropriate
Difficulty connecting to others	Is RAD

## MORE WORDS THAT HELP



## THE DANZIG EXPERIENCE

Bob Danzig, former CEO of Hearst Publishing, grew up in foster care. In his book, **Every Child Deserves a Champion**, he credits Mae Morse, the social worker assigned to him with being his champion, the person who enabled him to succeed. Each time they met, Mae Morse spoke five magic words.

**“NEVER FORGET - YOU ARE WORTHWHILE.”**

Mr. Danzig is convinced that his success is a direct result of her words to him. He writes, “Even today, I can hear her quiet whisper trumpeting,

**“You are worthwhile.”**

If children are our future, then children are worth our time because the future will depend on the way we think about them, treat them, speak to them and speak about them. Teaching children and youth positive language and using it ourselves demonstrates our respect for them and their life experience.

Positive and compassionate language helps them talk with us and with each other. Positive and compassionate language helps teach empathy and develop trust. Both help students create and sustain healthy relationships.

**For the purposes of this pamphlet and the commitment to using and encouraging positive and compassionate language, for example, all “disorders” will be referred to as reactions, responses, difficulties, or challenges instead of the more stigmatizing labels.**

## **RESPECT, UNDERSTAND...**

Children who have severe emotional difficulty can suffer from depression, anxiety, erratic mood shifts, and panic attacks. Children and youth who have been traumatized are hyper-vigilant, continuously on guard to threats, or perceived threats to their physical or emotional safety.

**One of our challenges is to adapt our teaching styles to accommodate the child's needs and collaborate with the child to find ways for them to benefit from and contribute to their school experience.**

Because children with histories of loss and trauma are exquisitely sensitive to secrets, they often hate to be surprised. Their need to have control in their lives means wanting information as far in advance as possible and having that information be complete with *all* the details.

Children with heart-breaking histories and emotional challenges:

### **Respond Positively To:**

Positive, Consistent guidance from adults and Creative, developmentally appropriate frameworks and language to hear and to tell their stories.

### **Need Inordinate Amounts of:**

- Patience,
- Understanding,
- Positive And Supportive Language,
- Clear Directions,
- Reasonable Expectations.

**They need the adults in their lives to be masters of flexibility.**

## **... AND APPRECIATE DIFFERENCE**

Many responses and behaviors are indicators for any number of diagnoses. Diagnoses are tools used by mental health professionals to determine the services and types of treatment needed to help the individuals with whom they work.

Like mental health professionals, teachers are skilled observers. It is not our job to diagnose but to observe with a clear understanding that students tell us of their distress with their behavior. *Careful observation and attention* to a child's affect and behavior can go a long way toward identifying potential problems and helping a child get back on track.

**Children with mighty challenges are to be respected and appreciated for their strengths and resiliency.**

For traumatized children being abused in home, school may be the only safe haven, the one setting or sanctuary where rules are clear, people are predictable, kind, compassionate, reliable, etc. and that teachers are in an incredibly powerful role and able to model behavior children might see from no other adults in their world.

The classroom setting provides teachers with a wonderful opportunity to help show a child that adults can be "safe" and not "unsafe" as may be experienced in the home.

We are not trained as mental health professionals but as teachers. However, we must be aware of the signs that can alert us to mental health needs of children. We must also consider *non-traditional behavioral and discipline approaches* in order to help students learn to moderate and control their own behavior.

## The Duck Syndrome

As teachers we must recognize the signs that alert us to a child's distress.

It is imperative however, that we not presume to venture even a guess at a diagnosis. That is not our job and unless we have a medical degree, we are not qualified.

Because so many responses and behaviors appear as indicators for many diagnoses, it is easy to mistake signs of one disorder for another. *If it looks like a duck, walks like a duck and quacks like a duck, it probably is a duck.* However, teachers must remind themselves that decoys look like ducks and instruments can sound like ducks and together they can sometimes fool some ducks.



But teachers *must never assume* that because a student is

- Impulsive,
- Inattentive,
- Agitated, or
- Has Difficulty With Organizational or Social Skills

that he or she has *Attention Deficit or Attention Deficit with Hyperactivity*. Individuals who suffer with Posttraumatic Stress Reactions, Depression or other emotional challenges may also struggle with these same symptoms.

## ...And Hoof-Beats

**So, the lesson we learn from quacking ducks is that hoof-beats do not guarantee horses.**

We are not trained as mental health professionals and are not qualified to make diagnoses. However, the time we spend with our students, our knowledge of typical child development, and our experience working with children and youth does qualify us to *observe and identify patterns* and *unique signals* of a child's need for assistance.

Students who have difficulty regulating and controlling their emotions may appear

Irritable or Anxious,

Disinterested in Activities

Fearful of Activities.

Experience Withdrawal from People and Activities,

Have Nightmares,

Have Angry Outbursts,

Difficulty Concentrating,

Need Help Learning Social Skills.

Some of these indicators will appear on lists for ADHD, Anxiety, Depression, Asperger's Syndrome, Reactive Attachment Disorder, Conduct Disorder, Oppositional Defiant Disorder, and others.

### Teachers Should Also Be Aware Of Those Students Who Are:

- ◆ "Too perfect," and who are always the earliest to arrive in class.
- ◆ Students who are reluctant to go to recess or reluctant for the school day or year to end might be avoiding problems/troubles at home and prefer the routine, structure and safety of school

## Red Flags

To help decide whether or not a student may be experiencing mental health difficulties or is simply experiencing an episode of developmentally typical activity and behavior, watch for these general signs.



- ❑ Changes in affect or behavior
- ❑ Changes in relationships with friends and classmates
- ❑ Loss of interest in activities and schoolwork
- ❑ Complaints of frequent head and stomach aches
- ❑ Extreme fatigue
- ❑ Increased frequency and intensity of unusual behavior
- ❑ Loss of confidence
- ❑ Withdrawal
- ❑ Behaviors that the student seems unable to control
- ❑ Inappropriate or socially unacceptable responses
- ❑ Behavior that may be or is dangerous for the student or others
- ❑ Changes and activities that do not improve with help from teachers and parents

**It is better to err on the side of caution so teachers should speak with parents about any concerns. Early intervention is crucial to a student's chance to return to health by getting the help they need.**

## What Other Teachers Have Learned

- ❑ Transitions may be difficult. It is important to prepare, but not be overly cautious.
- ❑ Consistency and presence go a long way to building trust.
- ❑ A teacher's approach can make all the difference in helping a child to succeed.
- ❑ Protocol responses such as intervention by the crisis team can sometimes be more damaging than helpful.
- ❑ Ross Greene compares a child who is unable to regain control to a car engine that has been flooded with too much gasoline. Sometimes, we must just let the engine or the child rest and try to restart a little later.
- ❑ Understanding why a child may have emotional outbursts increases empathy and helps adults manage a gentle recovery.
- ❑ Small successes go a long way.
- ❑ Success may be measured differently for individual students.
- ❑ Success depends more on whom a child trusts, than on whom a child likes.
- ❑ Parents are invaluable resources and can offer useful suggestions.
- ❑ Trust parents to be allies.
- ❑ Not everyone understands the effects of trauma. Parents and all helping professionals need to be educated.
- ❑ Traumatic experiences can occur at any age...and children do have memories, even if the memories are non-verbal.
- ❑ Trauma can and will affect a child's ability to be a typical participant in classroom activities.
- ❑ Trust, respect and being included in the decision making process of creating solutions can make a positive long term impact and help save face for a child who has difficulty controlling his responses.
- ❑ Problem solving with students is more effective than rewards and consequences. Only when safety is an issue is it essential to set limits before attempting problem solving techniques.
- ❑ Sustaining eye contact with a student can exacerbate a situation. Eye contact is an intimate action and can be threatening for many children. It takes time to help a child build enough trust to be able to manage the intimacy sustained eye contact requires.
- ❑ Relationships with peers are very important. Students must not feel targeted in any way. Children with emotional challenges are hyper sensitive to rejection.
- ❑ Some students might hate being the center of adult attention though they may do fine with peers.
- ❑ Problem solving is more effective for building long term skills out of the moment when a child is not overwhelmed with emotions.
- ❑ Separating a student from a group or person can sometimes achieve temporary compliance, but seclusion is not useful in building trust.
- ❑ Children will have negative memories of spaces used for seclusion. It will be nearly impossible to turn those places into positive welcoming, safe spaces.

## Creating Brilliant Solutions

Lee Iococca was once quoted as saying, “We are continually faced by great opportunities brilliantly disguised as insoluble problems.” Sometimes the solutions we seek are intuitive and simple. Children and youth often have brilliant solutions to seemingly insurmountable difficulties if we remember to offer them the opportunities to create solutions and solve problems. Brilliant solutions are often created with common sense, common humanity and remembering the feelings of the child inside us.

Author and lecturer Leo Buscaglia once talked about a contest he was asked to judge. The purpose of the contest was to find the most caring child. The winner was a four year old child whose next door neighbor was an elderly gentleman who had recently lost his wife. Upon seeing the man cry, the little boy went into the old gentleman's yard, climbed onto his lap, and just sat there. When his mother asked him what he had said to the neighbor, the little boy said,

**"Nothing, I just helped him cry."**

### ACTIONS SPEAK LOUDER THAN WORDS

Children with emotional challenges can be expected to act and react differently than their classmates to ordinary classroom rules and routines. They may have extreme responses to sounds, touch, smells, and visual stimulation. Because they are unable to identify what they are feeling or the brain messages being sent to their bodies, their behavior will speak for them. Any number of senses and events may prompt feelings of fear, anger, sadness, confusion, and a compulsion to be in control. Because children and youth with emotional challenges have not yet acquired the skills to calm themselves, to control or moderate their responses and reactions, or to signal us that they need help, our knowledge and observation skills must be excellent in order to provide safety and reassurance to them and to other students in a classroom or other school setting. Areas of difficulty for children with emotional challenges:

### CHANGES AND TRANSITIONS – BIG AND SMALL

- Feeling Safe
- Trusting Others
- Expressing Needs
- Identifying Feelings
- Expressing Feelings
- Social Skills

## Managing Changes and Transitions

Change is difficult for everyone. Adults complain about the detour around town, a new boss, having to relocate, and using a new area code. We moan to our friends about a favorite take-out restaurant closing, or that the neighborhood bank has merged and closed the location we used regularly; worse yet, the friendly, efficient teller was *down sized*. We nod sympathetically; we can relate.

For children who have had many changes or goodbyes, some abrupt and without warning, transitions are *very* difficult. Children who live with foster and adoptive families, children of divorce, or children who have suffered the loss of a friend, family member, or a pet are expected to adjust, adapt easily and quickly, let go of the past, former connections, clothing, toys, brothers and sisters, and their sadness. Common sense should tell us that change is difficult for children too.

Even simple changes in routine may result in frightening and upsetting experiences for children both in school and at home. Moving from class to class, being called away from a book or video at bedtime, being served peas instead of carrots with Monday's meatloaf, discovering a substitute teacher in the classroom, giving up an old sweatshirt, or brushing teeth *before* hopping into pajamas instead of after might make any child a bit out of sorts.

*Out of sorts* may be the best we can expect for children with emotional challenges. Small, and even seemingly insignificant changes and transitions, can inspire rages, sobbing, or a frightening shut down of communication and affect. Separation and isolation from classmates, even within the classroom, may be perceived as threatening. Sudden change is scarier and often triggers *freeze, fight or flight* responses.

Anticipation of the day or the week has a different effect on each child's behavior. Changing the routine of a Monday to Friday school week to a less structured weekend schedule and then changing back to the school routine is more difficult than one might guess. Many students have trouble shifting gears over vacation weeks and the beginning and ending of the school year. Those that have experienced losses in their lives often become anxious. They may worry about where their teachers and classmates will be and if they will see them again.

Advising students *as far ahead of time as possible* if there is a change in schedule or planned activities will help make transitions easier and will help build trust. Repetition and reminders of the next activity will help children prepare and adjust gradually. It is more useful to review basic emotional tools for *all* of the children instead of singling out a child with challenges. For children who are familiar with classroom rules and expected classroom behavior, a review is a good reminder but for some children the *review* may be the first opportunity they have had to receive the information. Getting information in the classroom is safer and less stigmatizing than getting it one-on-one for many children.

## FEELING SAFE AND SECURE ...

All children are incredibly fragile beings. Some are more resilient than others. Their physical and emotional growth depends on their experiences and relationships with the people in their lives. Personal safety for a child requires more than a place to live, adequate food, health care and clothing. Feeling safe also requires being emotionally safe with others and with oneself. Children will be affected for a lifetime by emotional rejection and deprivation.

Like adults, sights, sound, smell, tastes or touches stimulate children. When any of these senses remind a child's brain of earlier trauma, triggering a chemical release of stress hormones, adults often witness sudden and sometimes shocking behavioral responses and reactions.

Children may become *violent with rage* so intense it gives them physical strength beyond what could be imagined for their little bodies; others may *withdraw* so completely that they appear to be in a coma like state. Children, whose histories may have included sexual abuse, may exhibit *sexually aggressive behaviors* even at very young ages. Students may harm themselves – *cutting, burning, biting, and head-banging* are common, as are eating problems – *obesity, bulimia and anorexia*. Students who have suffered traumatic events may also seek relief from internal pain by using *alcohol and other drugs*, especially in adolescence. They are vulnerable to being *easily victimized*, or conversely, *may victimize* others. Their lives are not only confusing but also exhausting.



Many parents and professionals have learned that traditional behavioral modification and discipline methods do not work with all children and are especially ineffective with children and youth who have emotional difficulties. Students tell us what is or isn't working by their physical responses and reactions to situations, sounds, and other stimuli.

**Moving physically into a child's space may create just the opposite result of what we intended, especially in times of stress.**

## ...IS NOT AS SIMPLE AS IT SEEMS.

Consider a classroom setting where a six-year-old has just thrown a toy into a play area where other students are sitting. The teacher moves quickly to the child, bends down and begins to talk to the child about the dangers of throwing things. The teacher insists that the child look at her face while she reminds him how another child could have been hurt, and that throwing objects is against the rules.

The child is visibly uncomfortable, squirming and turning away. The teacher continues to deliver the message of classroom safety. The child becomes stiff, becomes more agitated and suddenly reaches out and hits the teacher. This action results in another verbal lesson from the teacher on rules about keeping one's hands to oneself and that hitting or hurting someone else is not good behavior.

This child's reaction to the teacher was emotional and physical. The child's message was,

*"You are scaring me. There are too many words and I cannot understand what you are telling me because I am scared. Hitting you is the only way I know to make you stop so I can feel safe."*

It can be very scary for a little one to have a big grownup face so close – it can be just as scary for adolescents in a similar situation, especially when it is someone new, someone who is perceived as powerful, or if the person reminds the student of someone who was abusive. It is important for teachers to understand that **prolonged eye contact and physical closeness is threatening to most children and youth with emotional challenges**. A hairstyle, perfume, or facial features could signal danger and trigger a fight or flight reaction. Short, simple non-blaming comments and direction will help promote a feeling of safety. Sound bites are the key. We can be more compassionate adults if we remember what it might be like to be in his shoes and the vulnerable spirit of the youngster wearing those shoes.

One young man tells of an incident that brought his dad to his second grade classroom. He had come home from school with an item belonging to another child. To the dad it was a normal childish behavior and he thought he was gently correcting his son by making sure the child was accountable for his actions. To the son it was a terrifying memory and scared him so badly that he thought of himself as a *bad kid* for years afterward.

## WHAT TEACHERS CAN DO TO HELP

**AVOID** activities and discipline approaches that are re-traumatizing. The use of restraint and seclusion for management of behavior typically make the situation worse by causing more severe reactions, destroying trust, and adding another layer of fear to an already fragile spirit.

**USE** a calm, quiet voice and project a positive and confident manner.

**REPLACE** *Time Out* with *Time In* and *Time With* to help prevent feelings of isolation and rejection. (Sammy, I need some help and you need a break, so come and sit by me. We will work together)

**USE** compassionate language. (I am sorry you are having such a hard time. How can I help you?)

## SUPPORTING YOUTH WITH LOSS

### LET THEM CRY AND BE SAD.

Crying and emotional outbursts are part of the process.

### SIT WITH THEM.

Just being with someone, even in silence, can help.

### AVOID SAYING, "I KNOW HOW YOU FEEL,"

...unless you have experienced the *exact* same thing.

### LET THEM KNOW YOU ARE THINKING

...about them and their loved ones.

### TALK ABOUT WHO / WHAT IS BEING GRIEVED.

### LET THEM SHARE MEMORIES.

## CAN THEY ...

Children have a primal need to connect to other human beings. They respond in kind to the human responses they receive. Adults have a duty to provide reassurance to children that adults are safe and can be trusted to be caring, consistent, reliable, understanding and nurturing. If we want to be trusted, we must be believable, honest, truthful and predictable.

**Encouragement and praise are most effective when low key and concrete – “You completed your assignment. It looks very neat.”**

*Over the top* praise can have the opposite effect, “Wow! You did a *fantastic* job. You completed that assignment! *That’s awesome.*” Youth know when they have or haven’t met the expectations that their peers meet on a regular basis. *Over the top* praise often makes them feel less competent – “I am so stupid that he is making a big deal about something everybody else does.” Students will recognize that excessive praise is not realistic or truthful and this will make building trust more difficult.

Research has also shown how areas of the brain can develop differently depending on stimuli received and influenced by deprivation. Lack of stimulation can delay age appropriate activity and responses or cause a child to respond by developing adult like fears and survival skills. Make no mistake. Children with emotional challenges are still children. Whatever they have undergone in their young lives, most learn to walk and talk and eat and play and learn. They laugh and cry. They wish and dream. They explore the world to the best of their physical abilities. They learn about themselves and their world from the grownups that care for them and from the grownups that do not.

**They are learning all the time. They are listening all the time. They are watching all the time.**

We expect children to respond positively to compassionate, consistent guidance from adults, opportunities to engage in collaborative attachment activities with their parents, peers, and teachers, and creative, developmentally appropriate frameworks and language to hear and learn to tell their stories. Children who have had good starts and minimal challenges in life will also have uniquely individual timetables for developmental milestones. Yet most of these children develop typically along a predictable continuum.

## ... TRUST US?

There are many children who experienced nurture and love and then had it abruptly ripped away with no warning or explanation. Many children who have suffered heartbreaking beginnings of abuse and neglect have been used as sexual objects, beaten, tortured, and deprived of basic necessities by adults who are mentally ill, substance dependent, or otherwise incapable of giving reliable and appropriate care as parents. Common sense tells us that with this type of foundation for human relationships, trust would not have been among the lessons learned. Common sense would also tell us children with such tough beginnings would have trouble allowing closeness and intimacy with others.

Trusting another person is most challenging for children who have learned that they cannot depend on anyone but themselves. Some children have experienced atypical attachments to their first mothers or primary caregivers. Most have not been children, who were welcomed and adored, cuddled, rocked, sung to, kept warm and dry, or who were fed when hungry, comforted or soothed when tired, frustrated or startled. A child diagnosed with attachment difficulties is said to be *Reactive Attachment Disordered*. It seems more useful to think of such children as those who *learned their lesson well*.

Learning to trust adults is typically the developmental task of infants. Secure attachments form when their needs are met by nurturing caretakers who respond to cries of hunger, soiled diapers, fright and loneliness. As children mature, trust in others depends on the consistency, compassion and honesty of the individuals they meet. Attachment is a systemic process.

Talking honestly with children lets them know they are respected and that we are not afraid of them or their pain. We understand and appreciate their challenges. We demonstrate that as teachers and parents we are strong enough to hold them and accept who they are.

Supporting the emotional and intellectual work of children defines us as educators. Students who are having difficulty behaving acceptably deserve empathy. Being empathic requires that we patiently and compassionately help them manage their behavior in the moment and that we teach accountability for their future success.

**Letting it go is enabling and will hurt the child in the long run.**

## A TEACHER'S STORY

A second grade teacher related this story.

One little one, having *a very bad, horrible, no good day* became verbally abusive to his teacher, while the two of them were playing a computer game. The teacher remained non-reactive and calmly ended the game. The little one was able to pull himself together as the morning routine continued. Later that afternoon, the teacher took a moment to praise his ability to collect himself and said that even though her feelings had been hurt, she was very sad that he had felt so angry and was glad he was ok now. The child became very still for a minute, then looked at his teacher and sincerely apologized.

Think about how far this child was able to move in working toward a trusting relationship with his teacher. The message sent was the message received.

*"I care about you and understand you. I appreciate that you have a hard time expressing your feelings appropriately. Yet, when you hurt the feelings of others, it is not acceptable. You must make amends and I will help you learn how to do that with dignity."*

To help create trust, teachers must give a child the tools to make appropriate decisions. How different the outcome might have been had the teacher returned the child's anger by demanding an apology at that moment and/or sent the child away for a time out. Would the child have received a caring, supportive, limit setting message that modeled empathy and an acceptable way to express feelings? Would the child been given an opportunity to make amends? Would the child have been able to calm himself or would the child have become angrier?

**"Children have never been good at listening to their elders, but they have never failed to imitate them."** {James Baldwin}

## TEACHERS ARE EXPERTS AT MODELING

- "Wow! The snow made the roads very slippery this morning. I felt a little scared and I was nervous that I wouldn't be here in time to meet you."
- "I feel so sad that John has moved away. I miss him and his jokes. I think I will send him a card."
- "I was really angry when my friend forgot to return my book. I needed to tell him how angry I felt that he broke his promise."
- "There are too many books for me to move by myself. I need some help."
- "I am feeling a bit tired. I will breathe deeply when we go out for recess."
- "I need to hear soft sounds to help me feel calm. What works for you?"

## IDENTIFYING and EXPRESSING NEEDS

### EXPRESSING NEEDS

If one has never had basic needs met at the beginning of life, expressing one's needs is a daunting task, both scary and risky. The usual strategies have not worked – crying or fussing brought no response. More extreme actions – kicking, shouting, hitting, throwing objects, or gentle bids for affection – kissing, hugging, clinging, may have brought beatings, burns, deprivation of food, or sexual violation or a continuation of being ignored. Most children with these kinds of abusive experiences quickly learn to create self-soothing strategies that do not include interaction with other human beings. They do not have the luxury of being dependent on someone else if they want to survive. They are alone.

Children who did have good starts in life yet still have difficulties being able to express their feelings and needs appropriately may be *wired* differently. Atypical brain functioning may cause sensory, nervous or other disorders which invariably and often involuntarily have an impact on behavior. There are many reasons for such differences in brain functioning being explored and, while the research is being conducted, these children are frequently misunderstood. Since many adults have a hard time sorting out, identifying and communicating their feelings, we should not be surprised that children may need some help.



Dr. Ross Greene works with children who have trouble expressing their needs and feelings in unsafe, unhealthy and socially unacceptable ways. He has helped them and their parents learn communication skills that are effective in helping children who are easily frustrated and rigid in their thinking. His book, *The Explosive Child*, describes children who typically are thought to be attention seeking, manipulative, challenging, difficult, or who carry one or more mental health diagnoses for disorders such as Oppositional Defiant Disorder, ADD, ADHD and Obsessive Compulsive Disorder.

## ... AND FEELINGS

While there may be questions and confusion about the why of inflexible thinking and explosive behaviors, there is no question that our traditional discipline and behavior modification approaches do not work. Emotions are connected to memories, sensations or situations. Happy, sad, scared, lonely, frustrated, disappointed, angry, and anxious are words that describe feelings. All too often, children feel the emotion but do not know the word to assign to it in order to tell others what they feel. Learning words that match feelings may be the most important developmental task for children and youth who have BIG feelings. Dr. Greene once advised a group of parents, “After Mama and Dada, the most useful word to teach your child is frustrated!”

Developmental progress in children with genetic mental health difficulties or histories of abuse or neglect is often atypical. Periods of regression that do not match the child's chronological age may result in feelings of isolation for both the child and the parents. Many parents describe the developmental growth of their teenagers being delayed even if changes in their bodies and hormones are appropriate to their chronological ages. Adolescents have been known to prefer matchbox car racing to dating. Eight-year-old children have needed to be held and rocked and bottle-fed.

Conversely, some activities and behaviors appear to be those of children much older – eight year olds behaving as if they were twenty. For some children, developmental delays may be a by-product of institutional care. In these circumstances, there is not a clear time frame for when a child may meet the expected developmental milestones.

Common sense tells us that a different developmental pattern for children with mighty challenges is to be expected. They too respond positively to positive, consistent guidance from adults, creative, developmentally appropriate frameworks and language to hear and learn to tell their stories. Yet, these children and youth will need many more opportunities to engage in collaborative activities with their teachers and parents and will need inordinate amounts of patience, understanding, consistently positive and supportive language, flexibility of expectations and unshakable commitment from the adults in their lives.

**Common sense also tells us that if children do not have a vocabulary of feeling words, we need to help them develop one.**

## DEVELOPING...

It is human nature to want to belong, to be accepted and to fit in. Most adults can think back to their teenage years when we dressed exactly as our friends, wore the same hairstyles, used the same slang words and danced to the same tunes. Individual personality preferences were submerged in order to look and be “just like everyone else.” The reason we gave our parents for wanting to go somewhere or do something was because *everyone else* was going to be there or going to do it. This phenomenon gave rise to the classic parental question, “And if everyone else jumped off a bridge, would you?”



Children and youth are particularly vulnerable to feelings of rejection and if they happen to be children who already have challenges beyond the ordinary, they are at risk for social disaster. It is not surprising that a child who has had multiple moves, unhealthy or abbreviated relationships, and few or no opportunities to be with and play with peers would have a limited set of social skills.

Many youngsters are unnerved by group activities and avoid joining in because they lack confidence and have low self-esteem. These students may appear shy, sometimes clumsy or uncoordinated, tough or rude, or disinterested in and disdainful of activities. Often they are unaware of the meaning of facial or verbal cues, and usually quite literal in their understanding and concrete in their thinking. You can identify these students as the ones who appear to be *in a world of their own, spacey, ditsy*, or lazy, careless, sullen, angry, and in need of tough love. They are frequently misjudged and left out because of their social ineptness.

## ... SOCIAL SKILLS

It is hard to imagine that some students in our classrooms do not know how to set a table, play with blocks, or ride a bicycle, but there are many that have never ridden on a sled, a swing, or a seesaw. Relating to peers as individuals or in groups at dance class, in a scout troop, or the soccer team is confusing and mystifying to them. Imagine being dropped in a foreign country where you look different, do not understand the language and are unfamiliar with the food and cultural nuances. Children who are socially unskilled feel this awkward in seemingly simple social interactions throughout a school day.

Misunderstanding and misinterpretation of social ineptness can result in students passing along for weeks and months and years before someone figures out they need help. Young spirits are fragile and can be irreparably damaged by the hurt of being rejected because they are different, especially when they have no idea that they are missing anything. They may appear to be *loners* or seem like individuals choosing not to participate in-group activities when really they are hiding their uneasiness.

**A teacher's finest hour and crowning glory is in the moments we find just the right way to include a child and prevent that hurt.**

### A GLORY STORY

Jesse was trying out for a part in a school play. His mother told me that he'd set his heart on being in it, though she feared he would not be chosen because he would be unable to speak the lines clearly if he was able to remember the lines at all. His many disappointments over the years – being left out of birthday parties and not selected for a place on sports teams made her heart ache for this one more anticipated painful moment. On the day the parts were announced, she waited anxiously for him to come home from school. Jesse jumped from the bus and rushed up to her, his eyes shining with pride and excitement.

**"Guess what Mom," he shouted, "I've been chosen to clap and cheer."**

## A LITTLE BIT ABOUT EMOTIONAL CHALLENGES

Diagnoses are necessary to access appropriate treatment. They are guidelines to point professionals to the services needed as they develop a treatment plan. Dr. Kay Seligsohn, a neuro-psychologist at Children's Hospital in Boston, reminds us that, "diagnoses are tools for professionals" and as such should not become defining labels that burden children and families.

### POSTTRAUMATIC STRESS REACTIONS

Before 9/11 Posttraumatic Stress Reactions, sometimes called PTSD were commonly associated with soldiers returning from wars, people who had been in hostage situations or had otherwise been brutally treated physically or emotionally. Rarely did we think of Posttraumatic Stress Reactions as affecting infants, children, and youth. The impact of trauma for adults and children after the events at The World Trade Center, the Oklahoma bombing, and recent environmental disasters including earthquakes, tornados, volcanic eruptions and the devastating Tsunami of 2004 can only be imagined by those of us not affected directly. Neighbors and friends are still discussing the heart wrenching details and terrible feeling they had. Secondary trauma has affected most everyone in this country and in many places around the world.



Understanding and awareness of the effects of trauma in children is becoming more common in schools throughout the country and teachers hear mental health professionals speak of children and youth being *trauma reactive* or as having Post Traumatic Stress Reactions. Students who have experienced trauma will have lifelong reactions, some more severe than others depending on the nature of the trauma and the resiliency and adaptive ability of the individual. Many indicators of trauma are the similar to those of other problems, yet treatment for trauma may be quite different and child specific.

## CLASSROOM CONSIDERATIONS

Brenda Lee Boris, Early Childhood Educator and Program Coordinator for the Cole-Harrington School-age Enrichment Program in Canton, Massachusetts shares what she has learned from working with families and helping children with their emotional challenges.

“Children who have experienced trauma work at a hyper- vigilant state to maneuver through their school day. It is imperative that teachers are aware of the social being as well as the academic being of a child. If the social being is nurtured in the classroom, the child will feel comfortable, safe and more easily able to interact with others and take in and accommodate information being taught. The set up and tone of the environment is so important. Classrooms should be set up with consideration to the sensory being of children; therefore creating space that is not over stimulating. Children should be able to move freely through the classroom with confidence. Teachers should take the time to introduce the classroom space to the children, helping the children to feel ownership. When children feel comfortable within their classroom and with their teachers, they can feel free to acknowledge what makes them feel good. Every classroom should be unique to the children represented in it. “

Ms. Boris and her staff have so successfully collaborated with parents that prevention of difficulties and emotional outbursts now happens seamlessly. She and other teachers have been able to use their combined powers of *observation, deeper understanding* of mental health challenges, *and knowledge* of possible emotional triggers to redirect students and help them learn to control and moderate feelings.

A seventh grade teacher offers his experience with a colleague and student at an assembly. “*The play was The Wizard of Oz and the scene with the Wicked Witch of the West and the Flying Monkeys was becoming noisy and scary. A classroom teacher was standing behind his students well aware that one student had difficulty with loud noises. The teacher kept watch on the body language of the child. When the child began to fidget and squirm, the teacher moved to stand beside him and whispered, “How about a break? Let’s take a walk.*

**“A moment of sensitive and gentle redirection saved a potential emotional disaster for the student and probably the students seated around him.”**

## **RED FLAGS for POSTTRAUMATIC STRESS REACTIONS**

Traumatized individuals may become shaky, sick to their stomachs; their hearts may pound as they relive the experience in their minds or awake in terror because they have relived the event while asleep. Memories can be triggered by any sense – sight, sound, touch, tastes, and smells.

### **TRAUMATIC EVENTS CAUSE:**

-  Feelings of Helplessness,
-  Fear,
-  Horror
-  Feelings of Guilt
-  A State of Being Constantly on Alert
-  Being Easily Startled
-  Insomnia
-  Excessive Sleeping
-  Depression
-  Excessive Irritability
-  Trouble With Concentration
-  Loss of Appetite
-  Loss of Energy
-  Loss of Hope
-  Outbursts of Anger
-  Thoughts or Attempts of Suicide

Students usually will not be able to express what is happening or why they are suddenly reacting in an unsafe or inappropriate way. Surprises have not always been happy ones. Sudden changes can be upsetting. A change in a teacher's mood can be worrisome to them. Students who have experienced trauma often have great

## **HOW TEACHERS CAN HELP**

**ACCEPT** that it is difficult to support all students in our classrooms and that supporting all students is our responsibility.

**ADJUST STYLE AND PRE-CONCEIVED EXPECTATIONS.**

**BE RESOURCEFUL AND DISCRIMINATING.** Find ways to tell them you understand and will support them for as long as they need.

**REASSURE STUDENTS** those things will get better.

**CREATE** safe and predictable environments.

**PRACTICE PATIENCE.**

**PREPARE AND PLAN** assignments that are inclusive and respectful of all students' life experiences.

**OFFER CHOICES** when giving assignments that will require personal information or family history. Many children do not know their birth date or have baby pictures. Some children have family histories they are atypical and may be painful or embarrassing. Many children's first memories are not of happy times.

**OFFER ASSIGNMENTS** that allow a student to choose to share first, best or funniest memories, pictures that show how they have changed, timelines of firsts or bests – first bike ride, ice cream, or best rainy day instead of personal history and chronological timelines.

**CREATE AN ENVIRONMENT** where teachers can talk with and support each other at grade level or within the entire school faculty. Supporting children emotionally is a sensitive and difficult job.

**CREATE A SUPPORT SYSTEM** for students when they are not able to be with their classroom or homeroom teachers who understand their challenges and can offer the help they need.

difficulty trusting adults

## HOMEWORK

There are times when both teachers and parents need to understand and respect that academic success must take second place to emotional safety and be sure that the mental health needs of a child are not sacrificed in order to meet homework requirements. Children who suffer from emotional challenges are not always able to maintain control of their energy and responses both in school and at home.

Homework should never make home a battleground and parent-child relationships victims of the battle. Homework is *the* area that parents and teachers must negotiate to best support a student who struggles to achieve balance between school and home success. This does not mean students are not accountable or that parents want their children to receive special treatment. It does mean that adults must consider all factors and information relevant to the well being of the whole child.

Teachers in every classroom should expect to meet students who have experienced losses in their young lives, death of loved ones, divorce, losses of health, or of former families and friends. Teachers should understand that these students will never *get over it* and are not able to *get with the program*. It is part of their life experience. Expecting a student to get back to normal after experiencing trauma is unreasonable and may actually add extra pressure to an already stressed out child. It is important to know that depression, anger, frustration, hopelessness and the questioning of values and beliefs are part of the process of grieving.

**Anniversaries such as birthdays and holidays can be traumatic and there are physical reactions to grief, including weight loss or gain, changes in sleep patterns, recurring illness and becoming accident-prone.**

## A FEW MORE SUGGESTIONS ...

Parent Invitations  
Parent Visiting Events  
Mother and Daughter  
Father and Son

This type of event excludes students whose parents may have died or divorced or those who may be living with guardians, relatives, or in foster care or group homes. Invitations could be child centered – Example: XYZ school and Mary invite you to visit our school and/or to a dinner with your student. Students can be encouraged to invite parents, relatives, or other important grown-ups.

### FAMILY TREE PROJECTS

Students can create their own representations of their families, or those people they consider family, to meet the learning objective of understanding how people in families are connected.

### ETHNICITY OR ETHNIC HOLIDAYS

To help students learn about and appreciate diversity in our communities, students may choose to write about their heritage, a heritage or culture they think interesting, or they could interview a person from another country or culture. It is unfair to ask a child to report on their race or cultural heritage because many children live in adoptive or foster families where their racial identity is different from their parents and they may not know what ethnic traditions are shared by their first families.

**AUTOBIOGRAPHIES** could be written as authentic or as fantasy.

### MOTHER'S DAY/FATHER'S DAY

## SENSORY INTEGRATION

**Many times teachers will be informed by a student's family that sensory processing is a challenge and can be problematic.**

Teacher awareness is useful in order to help a student adjust to various setting and activities. Sometimes tags on clothing, being asked to hold or work with unfamiliar or highly tactile objects (pine cones, bark, grasses) can be uncomfortable. Videos, classroom celebrations and projects, and sometimes recess games can be overwhelming to children who understand and interpret sensations unlike their classmates.

Children and youth who process external sensations differently may also react differently to movement, bright light, smells, touches, loud sounds or increased activity around them depending on their heightened or diminished sensitivity to any of these sensations or stimulants.

Those who are highly sensitive will often have harsh reactions to sensations and may even feel physically sick. Many students may either become aggressive or withdraw from the situation that is causing the discomfort. Highly sensitive individuals may perceive touch as threatening and react with angry words or actions. Teachers and parents will recognize this scene. Children are close together in a group or a school line or in a car. "She pushed me!" "I did not. I just bumped him." Or you hear, "*Whack!* followed by tears and shouts, "He hit me!" "Well, she started it. She shoved me."

Students who have low sensitivity to sensations and stimuli can hurt themselves - cut, bruise or burn - without noticing. They may ask to have the volume on a radio or TV turned up, many have difficulty modulating their voices and speak loudly, or have difficulty moderating their physical contact with others touching too often, too hard, or sitting and standing too close. Others have trouble with their coordination. They often are tense or on edge, some may chatter and talk and talk and talk.

Students with sensory challenges can become distracted by any number of irritants. They sometimes fidget and wiggle. Those around them may have no idea that processing sensations of touch, sound, sight, smell, or taste is

Assignments can include persons who care for a child or someone a student chooses to honor for their special connection.

## ATTENTION DIFFICULTIES

Most educators have had some experience with children and youth in their classrooms that have trouble concentrating and maintaining focus. Often these same students have difficulty following directions or completing tasks and assignments. They may be highly active, have limited or poor social skills and lack organizational skills.

**Having trouble paying attention can be genetic, can be simple day dreaming, or can be an indicator of stress, illness, anxiety, a learning disorder or other reasons that are not immediately apparent.**

Students that struggle in these ways may be some of the most intelligent and charming youngsters you will meet. Highly creative and out-of-the-box thinkers, they can frustrate their parents and teachers for most of their school career. It is not uncommon for these students to achieve great success in their chosen careers, much to the astonishment of those same parents and teachers, who occasionally can be heard muttering,

**"Who would have guessed?"**

When reminiscing about their school struggles, most of these former students will attribute the caring, interest, support and constant reminders from their families and teachers who insisted they could do it and never gave up on them. Many students carry a diagnosis of attention deficits and use medications to help alleviate the problem.

problematic. Assumptions may be made that the student has attention difficulties and is hyperactive.

## **ATTACHMENT CHALLENGES AND DIFFICULTIES**

All human beings are born needing caregivers and nurturers. We cannot survive without someone to provide for our basic needs. In some cases, caregivers are abusive and neglectful, or the environment is not predictable, enriching, or responsive to the needs of the child, the child may indeed *survive* but survival will come at a price. In that kind of circumstance, the child may indeed get enough food or care to stay alive but there will be evidence of the minimal nurturing that had been available. Human beings cannot thrive or survive well or for long without being cared for regularly and consistently and having our basic emotional needs met.



It is also true that children who have had long separations from their parents can have some attachment confusion. We have seen examples of this when infants would stay in the hospital for treatment and were handled by many people or not touched at all. Parents are now allowed and encouraged to remain with their children and encouraged and supported in touching, caressing, singing and talking to them. It is amazing for children with bumpy starts to survive as well as they do and that some are in good shape, despite their awful beginnings. It is equally amazing that trust can be shattered in a moment and have lifelong consequences if not recognized and remedied.

## **ATTACHMENT AND TRUST**

Corinne Rayburn, LMFT, LCSW has more than thirty years of experience working with families and educating helping professionals about attachment and the unique challenges of adoptive and other complex, blended families.

“Children do not cause attachment difficulties. Attachment begins with inadequate caregivers not with children. In many instances, children who have been neglected and abused find their way to adoptive or foster care families. No child should be blamed for the failure to nurture him or herself as an infant or young child. Nor should parents be blamed for their puzzlement and discouragement. It would make sense that infants separated from their mothers because of the severe illness or death of a mother may need extra attention and attachment activities too.

Teachers and parents need education and support to understand the reasons why Maria will go off with anyone or Nickolas won't let go of his Mom's skirt or Tommy cries in frustration because neither he nor anyone else can soothe him. No one taught Keisha and Joey about trust and intimacy at the developmental time when the work should have been done. So they don't know or believe that caregivers will be there for them and will help them to get their needs met.

Often, extended family or school personnel or members of the mental health community are quick to label a child as attachment disordered without any understanding of why that has happened. After all, Susie isn't in the Chinese orphanage anymore, she has a nice family now, and she was only in the orphanage for the first three years of her life. Susie should be grateful, right? The first and most important years of her life during which she suffered losses and institutionalized care and had no one to celebrate her first step or birthday (if it was even known), and no one to celebrate Susie. It is impossible that any orphanage, no matter how well run, will provide the environment that a good parent and family can. It is impossible to imagine that children are not affected by such deprivation. Parents, teachers, and children and youth need help with this attachment dilemma.

**Teachers and parents can help by understanding and appreciating that many of the attachment deficits that children need help to**

## **BOTTLES, BLANKETS...**

“Should an 8 year old be given the kind of hugging and snuggling that a newborn should get? Is it ok if that means giving the child a bottle? But if the child was never hugged or cuddled, if he has not experienced the intimacy of gentle, physical touch and nurture then he is missing key pieces of his development. That missing piece will affect the child’s future ability to make and keep healthy relationships. There is no harm in letting a child be a baby until he reaches the next stage of development. We must trust the child to know when he is ready to move ahead.”

“I want a bottle. I want to sit in your lap in the rocking chair. I want you to rock me and feed me a bottle.” A clearly articulated message was being given by nine year old Jill to her pre-adoptive mother. They had been together for six months. The message had been repeated everyday for weeks.

The therapist working with the child dissuaded the mother from agreeing to the child’s wishes because he did not want to encourage regressive behavior. Another adoptive parent proposed the idea that the Jill might actually have a good grasp on reality, that her message probably pointed to the missing pieces in her history, and explained the concept of *re-parenting* (activities that help fill in the missing pieces). The mom decided to give playing “baby” a try.

When Jill came home from school her mom suggested that they visit the local baby store because since she had never had a baby and Jill had not known her when she was a baby, it might be fun to discover what it might have been like. At the store, Jill happily chose two baby bottles, two bibs a rattle and a ‘*blankie*’. On the way to check out, the mom picked up an eyelet bonnet and asked Jill if she wanted it or one like it. Jill looked at her mom with a curious expression and said,

**“That would never fit me. I’m eight years old!”**

## **...AND ROCKING CHAIRS**

The ending of the story is that they played, and rocked and used the bibs and bottles for about three weeks. Then Jill declined the bibs, rattle, and bottle and asked for bedtime stories in the rocking chair instead of lullabies.

She does still have the *blankie* on her bed. It covers her favorite teddy bear. Jill’s mom now understands what Jill needed and was trying to tell her. “I want to be your baby. I need some time and a chance to feel closely connected to you.” Jill allowed her mother a chance to parent her deepest needs.

**This is something to be celebrated not doubted or denigrated as is often the case when people don't understand *parenting to emotional age*.**



**Tune in and listen to the rhythm of each child. Then enjoy the dance.**

{Lori Santana, LICSW}

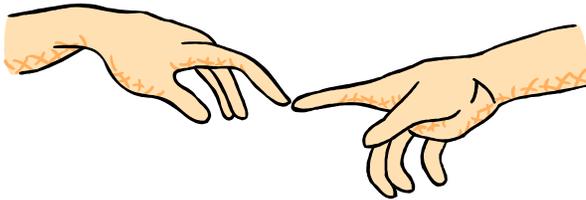
## RED FLAGS FOR ...

Doesn't Make Eye Contact

May Appear Indifferent Or "Disobedient"  
Or "Not Listening" When Engaged With An  
Authority Figure.

Doesn't Like To Be Comforted With  
Touch Or Hugs Or Like To Be Held

Excessively Clingy



Relates To Strangers Easily  
While Ignoring Parents

Has Difficulty With Relationships

## ...ATTACHMENT DIFFICULTIES

Does Not Want, Seem To Need,  
Or Ask For Attention

Does Not Trust That Adults Are Reliable

Has Trouble With Parent  
(And Sometimes Others) Leaving

Has No Trouble With Parents Leaving  
Or Little Response Upon Their Return

Cannot Self-Soothe

At Home And At School

Is A Bottomless Pit In Terms  
Of Needing Attention

## THOSE TEENAGE YEARS

Teens with typical developmental patterns and no mental health problems at this stage become willing to take risks in their search for identity and quest for independence. Teens that have complicated lives and histories that compound the emotional stress and hormonal turbulence of adolescence are at higher risk for academic failure, unplanned pregnancy, being abused or abusing others, and suicide.

While students of any age may suffer from anxiety, depression, and other mental health challenges, it is usually the adolescent years when teachers and parents see dramatic and frightening self-destructive behaviors such as dramatic changes in eating habits and substance abuse among other signs of emotional distress. Adolescence is also the time when mental illness (diagnosable mental health disorders) may first appear.



**MAJOR DEPRESSION** affects thinking, feeling and actions and, according to research is occurring more at younger ages than ever before. Clinical depression often goes hand in hand with other mental health problems. Teen age girls are twice as vulnerable to major depression as teen age boys.

**BULIMIA AND ANOREXIA** was once thought to be more prevalent in adolescent girls but boys are not exempt from eating problems that can

## SOME RED FLAGS FOR TEENS

Increased frequency (chronic), changes or intensity in any of the following may be a signal that something is wrong.

- Anger
- Aggression
- Agitation
- Irritability
- Frequent Absence From School
- Eating Patterns
- Recklessness
- Poor Relationships
- Withdrawal From Peers
- Boredom
- Changes In Weight Or Energy
- Fatigue
- Difficulty With Speech
- Paranoia
- Hallucinations
- Extreme Mood Shifts
- Preoccupation With Death

become life threatening. **SUBSTANCE ABUSE** of any kind threatens the lives of teens and in many situations those around them.



## TEACHERS AND PARENTS WORKING TOGETHER

Schools are an essential and intricate part of the larger community and educators have a lifetime influence on the children they teach. Parents know that teachers work hard every day to make school a safe and welcoming place for students to learn. Teachers and parents are not perfect and we all make mistakes. Parenting is stressful and complicated when children struggle with mental health challenges. Teaching is more stressful and complicated when students struggle with mental health problems.

It is important that we develop a good relationship – one of mutual respect and trust - because we are all committed to doing our best for the safety and well being of children in both the home and academic setting. Successful collaboration depends on parents and teachers supporting one another in their efforts to help a child succeed. Sharing simple successes is motivating for us all. Our working relationship must begin with the premise that parents and teachers believe that the others are doing the best that they can. Parents do appreciate opportunities for honest communication with teachers and the time teachers take to work with them.

It can be confusing for teachers to see similar behaviors in children with very different problems and very different parents. Sometimes the family is the cause of the problem (as in abuse) and sometimes the family is a wonderful source of information and support. Some parents are absent; some may appear indifferent or in denial of their child's difficulties while others are extremely involved and maybe even be seemingly "over-involved" in child's care at school. Parents may appear to be the problem but in reality are not and are doing their best to care for and support their child. It is crucial that teachers understand that each student and each family is unique. Even if similar difficulties are observed in students, treatment and supports must be child specific as similarities do not necessarily mean the same problem. Parents can be very resourceful and often bring in people who know their children and can present another perspective or experiences with different approaches. If a child's needs are not being met, parents can help by offering alternative strategies that may have worked at home. Teachers can help parents by sharing what works

Inability To Focus Or Concentrate  
Physical Complaints-Headache, Stomach Ache  
Loss Or Change Of Interest In Activities Or Grades  
Use Of Alcohol Or Drugs, Cigarette Smoking  
Talking Or Writing About Suicide Or Suicidal Thoughts

## TEACHERS AS ADVOCATES

There are many mental health problems. Those severe enough to impair typical independent functioning are diagnosed as mental illness. Teachers must absolutely understand that mental health needs and problems are conditions of overall human health. Mental health and emotional challenges are not conditions that can be cured by punishment or other disciplines such as restraints or seclusion. It is our responsibility to the students entrusted to us to familiarize ourselves with the behaviors and affects that are out of the ordinary and other signs of possible distress. We can help students by being compassionate. We can help them develop resiliency by being truthful about their efforts and encouraging them to continue to try. We can remind them that "they are worthwhile" and that we will be there to help them.



- Teacher advocacy may mean speaking for students by educating others about the significance of emotional challenges caused by loss, illness and traumatic histories.
- Advocacy most certainly means contacting our school psychologists, school nurses and students' parents as soon as we suspect something is amiss with medications, behaviors or any changes in responses or affect.
- Teacher advocacy means honing our skills of observation so we can

well in the classroom.

Parents and teachers must work together with the understanding that children do not choose their circumstances, children “do well *if* they can,” and children and youth show us with their behavior what they are unable to tell us with words. Together, parents and professionals can learn to be more empathic and work more effectively *with* and *for* children.

**Some times there are no definitive answers but collaboration will usually result in better understanding of and support for the child, the teacher and parent.**

## **PARENTS WOULD LIKE TEACHERS TO KNOW...**

None of us dreamed that the lives of our children will be so unpredictable and heartbreaking. It is painful for us to sit with the pain of our children’s differences.

We know that our children’s behaviors are sometimes thought to be caused by our lack consistency or parenting skills or by over indulgence or spoiling. We are saddened when these assumptions are made and are sadder when our children are thought to be the cause of their own problems.

We want teachers to understand that our first obligation is to protect the privacy of our children and that we will share as much information as it is necessary for you to know.

We want teachers to ask us if they have questions.

We want teachers to understand that our ability to advocate effectively for our children can be acutely compromised when our families and children are in crisis.

Most parents are doing the best we can. Some of us need more help. Most of us have become knowledgeable about what our children can do and what they cannot do. Many of us have learned ways to help them recognize their achievements. We all could learn more.

We believe our children are doing their best and that they need all of their families and their teachers, to encourage and guide them. We know that teachers are the most significant and influential people in their lives next to us.

act quickly to help prevent emotional crisis, and be quick to recognize and acknowledge a student’s accomplishments whether academic, social or with self-control.

- Advocacy means working with students to help them recognize their accomplishments and demonstrating to them that we can be counted on as someone who accepts them for who they are and believes in their future.

## **RESOURCES FOR TEACHERS WHO WANT TO KNOW MORE**

The Explosive Child, Dr. Ross Greene  
[www.exposivechild.com](http://www.exposivechild.com)

The FAST Track Program (Families and Schools Together)  
[www.fastrackproject.org](http://www.fastrackproject.org).

The Incredible Years, Parents, Teachers and Children Training Series  
[www.incredibleyears.com](http://www.incredibleyears.com)

The PREPARE Curriculum  
[www.researchpress.com/scripts/product.asp?item=5063](http://www.researchpress.com/scripts/product.asp?item=5063)

National Mental Health Information Center  
[www.mentalhealth.org](http://www.mentalhealth.org)

The National Mental Health and Education Center for Children and Families  
[center@naspweb.org](mailto:center@naspweb.org)

[www.naspcenter.org](http://www.naspcenter.org)

Bureau of Substance Abuse Services  
617-624-5111  
[www.mass.gov/dph/bsas.htm](http://www.mass.gov/dph/bsas.htm)

The National Child Traumatic Stress Network  
[www.NCTSNet.org](http://www.NCTSNet.org)

We thank you for caring about our children and their future. Thank you for choosing to become a teacher.

**A teacher affects eternity: he can never tell where his influence stops.**  
{Henry Brooks Adams}