Caregiver and Child Interventions to Support Children with Adverse Childhood Experiences

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- [Amy] And at this time, it is my pleasure to introduce our guest editor for this week’s series on ACEs: The Effects of Childhood Trauma on Communication presented in partnership with the American Board of Child Language and Language Disorders, our guest editor, Trisha Self. Dr. Self is an associate professor and the Paul M. Cassat Distinguish Chair in the Communication Sciences and Disorders Department at Wichita State University in Wichita, Kansas. She teaches courses, supervises, and conducts research in ASD. She’s a board certified child language specialist with over 30 years of experience working with children demonstrating complex communication needs, including ASD. She is the coordinator of the Autism Interdisciplinary Diagnostic and Treatment Team Lab at WSU. So welcome back, Trisha, thank you so much for a great series this week.

- [Trisha] Thank you, Amy. As Amy mentioned, this continuing education event is in partnership with the American Board of Child Language and Language Disorders, also known as ABCLLD. I’m on the board of ABCLLD, and just want to mention to today’s attendees that if you think you have advanced knowledge skills and leadership in child language, and are interested in becoming a certified child language specialist, you’ll find resources at our website that describes the process. The web address is www.childlanguagespecialist.org. And those of us who are specialists have found many benefits to being certified as an expert in child language, one being that we’re all dedicated to ensuring that children receive high quality services. So I invite you to consider becoming a specialist. I’d like to thank all of you for joining us today. This is the third day of a five-day series focused on the topic of Adverse Childhood Experiences: The Effects of Childhood Trauma on Communication. If you have joined us the past two days, you know it’s already been a great week of presentations. On Monday, Dr. Chitra discussed adverse childhood experiences and their effect on the brain, behavior and clinical practice. On Tuesday, Dr. Grech presented The Effects of
Trauma on Communication in Forced Migrant Minors. Today, we are most fortunate to have Dr. Carol Westby who will visit with us about supporting children with adverse childhood experiences, caregiver and child interventions. Now it's my pleasure to introduce our guest speaker. Dr. Westby is a consultant for Bilingual Multicultural Services in Albuquerque, New Mexico, and an affiliated professor at Brigham Young University in Provo, Utah. She is a fellow of the American-Speech-Language-Hearing Association, ASHA, is board certified in child language, and has received the honors of ASHA and the Distinguished Alumnus Award from Geneva College and the University of Iowa. She has published and presented nationally and internationally on theory of mind, language-literacy relationships, narrative expository development and facilitation, assessment and facilitation of written language, and issues in assessment and intervention with culturally/linguistically diverse populations. Welcome, Dr. Westby, and we're really looking forward to your presentation today.

- [Carol] Okay. As Trish said, I am a member of the board and I'm affiliated with Brigham Young. Hopefully at the end of this session, you'll be able to describe the effects of adverse childhood experiences on children's language and social-emotional development, describe some caregiver-child interventions to promote attunement and affect management, and to explain some types of and rationale for child interventions to promote language for personal narratives and self-regulations. If you've been with us this week, you've heard about adverse childhood experiences, ACEs. That term really arose from a 1998 study by Felitti and colleagues, and these were the 10 aspects of ACEs that they mention. Five were personal, actual abuse or neglect to the individual, and five were within the family, losing parents, seeing violence in the family, mental health problems in the family, someone in prison. That study found that individuals who had six or more ACEs died 20 years earlier than individuals that did not have any ACEs. Well, that study sat for 10 years, it was an interesting finding but no one could explain why people that experienced trauma were dying so much earlier from every imaginable illness. I think it's Nadine Burke Harris' work that really brought this to light. Harris was
a pediatrician in a very poor area of San Francisco, and she was very puzzled by why were so many of her youngsters sick, and they were doing so poorly in school? Her staff came across the Felitti article about how trauma affected health, and they looked at their population and said oh my goodness, that's what's going on. All of these children and their parents have experienced multiple ACEs. She reports that persons in her clinic who had four or more ACEs were 32 and a half times more likely to be diagnosed with learning and behavioral problems. Well, why had that study sat for 10 years and no one noticed it? And that was because we didn’t understand how stress was contributing to these problems, but by 2008, we understood some of physiologically what was going on. When you're in a toxic stress environment, the stress triggers the hypothalamus to release a hormone that triggers the pituitary to release a hormone that triggers the adrenals to release cortisol. Now, cortisol can be very helpful to you.

If I see a rattlesnake in my yard, I want to get out of there quickly, and I get that shot of adrenaline that helps me move really fast. When I'm in safety and someone's taking care of the snake, my body goes back to normal, but if you are in context where you're constantly under stress, this continues, and cortisol has very damaging effects. It suppresses the immune system, so you’re more at risk for every kind of illness. And then it actually changes brain structure, particularly those areas that are involved in memory, and learning, and emotional understanding and regulation. We’ve also more recently learned that ACEs shorten the telomeres. The telomeres are the little caps that are in the end of our chromosome. Each time a chromosome divides, those caps get a little shorter. Individuals who have experienced multiple ACEs have shorter telomeres, their cells are aging more rapidly. Now, you have a number of children on your caseload that have had multiple ACEs. Children who have experienced abuse, neglect and trauma are more likely to have a variety of disabilities, and unfortunately, children with disabilities experience more abuse and neglect. If they have disabilities that affect conduct, ADHD or autism, they’re more at risk for abuse, and if they’re deaf or
nonverbal or physically impaired, they’re more at risk for neglect. And it turns out it’s not only the ACEs that the children experience that matter, the number of ACEs their parents have experienced significantly contribute to their developmental delays. Now we’d like to think that children are resilient. Bruce Perry says rubber balls are resilient, if you squish them and let them go and they bounce back to the same ball they always were, he says children aren’t like that. Children are not resilient, they’re malleable, there’s a lot that you can do that will help, but a child who experiences trauma will never be the child she could have been. There’s a lot that can be done, but she will be different.

Now, some developmental psychologists say it can be helpful to think of kids being different kinds of flowers. It turns out that children can experience similar ACEs, but have markedly different responses to them. Some children are rather like dandelions, they can survive in all kinds of environments. Other kids are like orchids, they need environments that are very supportive and protective. And then a lot of kids are like tulips, they survive kind of in a variety of situations, but do need some support. what we also now know is there are a number of genetic alleles that if you have these particular genes and you’re in a negative social environment, you will suffer the negative consequences of trauma much more than individuals who do not have these genetic alleles.

And the more of these alleles that you have that are very sensitive to the environment, the more at risk you are for the negative consequences of trauma. Now, the kind of security attachment you have also affects how you respond to trauma. In the late 80s, Ainsworth developed what she called The Strange Situation. Moms would bring a child into a room and then leave them briefly and come back, and Ainsworth determined attachment type by how the youngsters responded to this situation. If the child protested when the mom left, but calmed quickly when the mom returned, the children were considered to have secure attachments. Some kids didn’t show much of any
response when the mom left and they didn’t show much of any response when the mom returned. These were youngsters that were considered to have avoidant attachment, and their caregivers tended to be either unavailable or tended to be rejecting. Some children were considered resistant-ambivalent. They showed sadness when the mom left, and when she came back, they showed kind of some signs of wanting to warm up, but they were ambivalent between kind of trying to warm up and being angry. These were youngsters who had caregivers who were inconsistent, they might be attuned to the child at one time, and intrusive and rejecting at others. And then in the early 90s, Main and her colleagues who were working with children who had experienced trauma identified a fourth type that they called disorganized-disoriented attachment.

These were youngsters who had clear no strategy for figuring out how to respond to caregivers: They might approach them, they might avoid them, they might freeze. Siegel has a questionnaire he uses with parents to find out about their trauma history, and what he has reported, one of the best predictors of a child’s security attachment is how the parents tell stories about their trauma. If parents cannot tell a coherent story, it turns out their children are less securely attached to them. If the parent has had a lot of trauma, but they can coherently talk about it and make some sense out of it, their children can be securely attached. Now, it turns out attachment type also affects telomeres.

If children have two or more, have experienced two or more ACEs, and they have any of those insecure attachments, their telomeres are significantly shorter. If they had a number of traumas but a secure attachment, their telomeres are the same length as a child who has not experienced trauma. This book is one of the freebies off the web, do check that reference list, there are lot of websites that offer excellent free materials for download. The state of Massachusetts was one of the early states to really recognize that we need to be concerned about trauma, and they talk about trauma's impact on
academic performance. Children have lower language and communication skills, more
difficulty organizing narrative material, more problems understanding cause-effect,
taking others' perspective, attending, regulating their emotions, they have more
behavioral problems in the classroom, they have more problems relating to school
personnel. Preschool children with even just two or more ACEs are four times more
likely to have challenges that are going to affect their ability to participate effectively in
the classrooms. For school-age children, 2/3 of them that have two or more ACEs
either bully or are bullied. 76% of preschool kids who get expelled from preschool have
two or more ACEs. And school-age children that have two or more ACEs are less likely
to engage in school. Meta-analysis of many studies that have looked at language skills
in children who've experienced any type of trauma report that on standardized tests
measuring semantics, syntax and pragmatics, they're about half to 2/3 of a standard
deviation lower than a typical kid.

If you look at narratives, their narrative skills are the most delayed and disorganized.
Unfortunately, a lot of our regular assessments do not always include narrative
assessments. Even before we were using the term ACEs, Coster and Cicchetti noticed
that children who had had multiple traumas had more difficulty using language to
articulate their needs to talk about abstract ideas, and particularly, they had difficulty
with sustained coherent narrative dialogue. Children who have experienced neglect
aren't very good at discriminating emotional expressions, and linking the expressions
to the situation that might have caused those emotions. Children that have been
maltreated are less accurate in identifying positive emotions. They tend to be very
quick to recognize anger, but unfortunately they tend to assume that anything that
doesn't look happy is anger. They're particularly poor at recognizing sadness. That can
be quite problematic because when we recognize sadness, that triggers our empathic
responding. Trauma also affects autobiographical memory. That’s memory for your
personal experiences, the times and the places and the event that the emotionality
attached. Autobiographical memory has two components, there’s the factual
knowledge, and it’s the remembering, the feeling. This is a picture of the climb to Angels Landing in Zion National Park in Utah. I have semantic memory that at one point, I did a camping trip to almost all those national parks in Utah, I have a very strong autobiographical memory for this climb. You’re climbing up, this is known as a fin, that fin is quite narrow, and on either side of the fin, it drops off several hundred feet. I crawled across the fins, you get to the top, and you realize you have to come back down the way you went up, so extremely intense autobiographical memory. Now, autobiographical memory is so important. It provides us with a sense of meaning and purpose for the future, and it turns out, the better memory you have for the past, the better able you are to visualize the future, to figure out what to do and what not to do. Autobiographical memory helps you develop a sense of self. Synchronically, all of us have different roles, you’re all professionals, you have family roles, community roles, you have to integrate your identities in those different roles, and you have to integrate your identity diachronically, across your lifespan.

And if you can report these experiences coherently, you have better mental health. Well, it turns out that individuals who’ve experience trauma have what are termed overgeneralize memories, and the memories are fragmented and sometimes, pieces of events from different events get mixed together, and the self-identity that’s expressed is more likely to be negative. Now we mentioned earlier that moms who can’t tell coherent stories have more difficulty developing secure attachments, and it also turns out, they have a hard time reminiscing with their children. So their children have a difficult time learning to produce coherent narratives. Kelly did an interesting study with preschool students. She gave them the attachment story completion task, and you give the youngsters story starters, like someone stole the bicycle that your parents just gave you, the children complete the stories, and there’s a way to evaluate them to learn what type of parent-child attachment does that child likely have? And then she had the children report three personal stories. She then coded those stories using McCabe and Bliss’s hierarchy of narrative development during the preschool years, and she coded...
them, were they at age expectation, above or below age expectation? For children that had secure attachments, 83% of them told stories that were age-appropriate or better. For children with avoidant-attachments, they did pretty good, about 70% of their stories were age-appropriate or better, but we do see, oh, something happened to one of the codes on there. It should say, this one should say 30% here, so about a third of them were telling stories that weren't age-appropriate, and then we see for the children with ambivalent attachments 60% of their stories were not age-appropriate. Not surprisingly, these children have difficulty with all aspects of executive function, inhibiting, inappropriate behavior, figuring out different strategies for problem-solving, regulating their emotions. Now, Blaustein and Kinniburgh have a great book, it's one of the best I found on strategies for treating children who have experienced trauma and they say children who have experienced trauma have four types of developmental deficits.

They have problems with intrapersonal competencies, a sense of self, with interpersonal competencies, being able to relate and engage with others, with regulatory competencies, regulating their own emotions and physiology, and neurocompetency, neurocognitive competencies, that's development in all those domains, language, cognition, sensorimotor. And they said we need to realize that children who experience trauma often present with puzzling kinds of misbehavior. And children who have experienced trauma are likely to assume danger in many situations, and if they assume danger, they're trying to figure out how to respond to it: Fleeing, fighting, trying to get attention, but they have developmental delays in language and cognition and social and motor skills. So they don't come up with very good strategies to deal with what they perceive as danger. With this framework, she says then for treatment, we have to provide children with safe context, we have to help them develop appropriate meaning systems, really being able to interpret what is and what isn't happening, and we have to help them develop in all of those developmental domains. Now again, the Massachusetts people have been on top of this for years,
they proposed the ARC Model. Build secure attachments, and help enhance children’s self-regulation, and develop those competencies, language, communication, sensorimotor. So the rest of the session, that's what we're going to look at, some strategies for parents and children to develop these ARC competencies. And as a result of that, you want children to achieve what Blaustein and Kinniburgh call trauma experience integration where they're able to survive and tolerate moments of overwhelming distress and arousal that are brought on both by real and perceived danger. You want them to be able to be curious and be able to reflect on their responses, and ultimately you want them to use their developmental capacity to respond purposefully and appropriately in the present moment. Now let's look at some caregiver interventions. You want to lay the foundations. These youngsters need routines. We’re talking caregivers here, but if you are a teacher, if you are a speech pathologist, you’re also a caregiver of these children, so have routines in your sessions and classrooms.

Now you need to form attachments. Dan Siegel says if in your lifetime, you have only one good attachment with someone, it will make all the difference. Now to attach, you have to develop awareness of the children’s temperament, and their engagement and disengagement cues, you have to read those cues, you also have to manage your response to those child's cues. Siegel has said for secure attachment, you have to have collaborative communication that’s attuned, you have to be responding quickly to the child’s cues, you have to be verbally talking about those cues, both what you’re doing and what you and the child are feeling. Once children are verbal, you need to help them co-construct narratives about their experiences, you need to talk about both positive and negative situations and if the relationship gets disrupted, you need to repair it. Help caregivers learn to read cues. Some cues are very obvious, some can be very subtle. The child might be signaling just buy a brow raise or smooth arm movement that she needs your attention at this point. Some disengagement cues are very obvious, and it’s important to acknowledge the disengagement cues. Some
people, when a child disengages, try to be intrusive and force the engagement. Respect disengagement cues, again, some are obvious, others particularly with young children can be very subtle, a movement of hand to the mouth or just some increasing body movement, or even finger extensions. Be alert to children’s temperaments. I’m not allowed to show you these clips on this webinar, so please do look at them on YouTube. We know that all children come with temperamental types, the flexible kids can be easier in all environments, those children with fearful or feisty temperaments have a harder time, even in good environments, and they’re going to require much more ability of their caregivers to read the cues and respond appropriately. Be very alert to interpret behavioral cues that signal that the child feels danger. And children who have experienced trauma are likely to read a lot of situations of being traumatic and their response is either to fight you, to flee, to literally run out of the room, to freeze, or to do exactly what you tell them to do.

I’m concerned perhaps most for this last group because they think people might miss them. The child is so well-behaved, he does exactly everything I tell him, and we don’t realize he’s doing that because he’s fearful to not do it. Be alert to common triggers that activate the survival brain the first day, Angela talked about that. When kids are in survival mode, nothing else gets through, and for these children, just a change of schedule can trigger it. If they’re thinking they’re losing control or their sensory overload, or you’re telling them no, or they’re thinking they’re excluded, and even at times if you’re comforting and trying to have a positive intimate relationship, for some of these youngsters, that can be terrifying, and it triggers the survival brain. Now you have to recognize your own reactions and manage your responses. This requires mindfulness, you’ve heard a lot about that in recent years. It’s ability to be aware of how you’re thinking and how you’re feeling and accepting your bodily sensations, but Siegel says that’s not enough, you have to have mindsight that goes a step beyond. So he says not only are you consciously aware of your thoughts and feelings and being present in the moment, you’re monitoring yourself, and you’re monitoring others so that
you can modify what you’re going to do and how you’re going to respond. Be honest with your responses to kids. I know I’ve had some kids where I’ve said she’s really trying to push my buttons, she is doing this on purpose today. There are times that these kids can make us feel that way, there are times when you’ve been working so hard, why can’t I find something that works? You start questioning your own efficacy as a teacher or a therapist. Be aware of that emotional response to those children’s behaviors. Also, be aware of your behavioral response. Sometimes you minimize. Now yeah, I’ve been in therapy sessions and one of the CFs say, “Well, it’s not as bad as he could sometimes be.” So sometimes you minimize or kind of ignore, sometimes, the youngsters can really trigger our arousal levels and we realize our body cues, our voice cues are indicating we are really feeling stressed. Sometimes we overreact even protectively, or punishment, "You are not getting to do anything now "with the rest of the class today." Sometimes we are overly permissive. I know I’ve done this at times, it’s like if I push it, it’s gonna get worse.

Sometimes, and I’ve seen this happen a number of times with very well-meaning people, when they hear the child’s stories, and we’ve had some real horror stories of trauma youngsters have experienced, sometimes adults don’t want to put any kind of constraint, they don’t want to put rules and regulations because they are afraid that the child will see that as negative. So be aware of your emotional response and your behavioral responses. And use a growth mindset, "Oh, you really did well, "you’re really thinking about this, "I really like how you stayed with it," as opposed to, “You’re so smart, you did just what I told you.” The praise, which on the surface looks good, if kids experience trauma and they don’t do something the next time in exactly the same way, are you going to be angry with them? Now let’s look at some child interventions. I really encourage you to try to work with your schools to develop trauma-sensitive schools. This book is on the Massachusetts website, brand new book by Alexander, really excellent suggestions for how to do this. I realize that’s going to take time. If you can’t get the whole school being trauma-sensitive, and schools that are zero policy
schools are absolutely among the worst approaches to use with kids who have had trauma. At least try to develop trauma-sensitive classrooms. If you have children on your caseload and you’re working with them in your sessions, you have to develop the relationship with the teacher. If she doesn’t, if she or he doesn’t understand what you’re doing with that child, she might unawares sabotage some of what you’re doing, so you need those classrooms to also be trauma-sensitive. Ultimately, children are going to have to learn how the world works, it's not as dangerous a place as they've experienced, and they have to learn some new strategies to work in the world. I'm going to look at some of the foundations for those. Alexander says, again, kids have to be safe, you have to help them find people to connect with. Angela’s presentation the first day, she had a questionnaire about resiliency, and quite a number of items related to being connected.

Do you have a parent who cared about you? Was there a neighbor, was there a teacher? Being connected with someone is very important. And working on the regulations, those have to be in place to learn. The self is very much affected by trauma. There are four types of self: The unique self, what you like and don't like. The positive self, what am I good at? The coherent self, and for kids who've experienced trauma, the self before and after trauma with biological parents, with adoptive parents. And the future self, seeing yourself in the future. Now, teachers or speech language pathologists, there’s a lot that you can do to develop the unique self, positive self, and future self. That coherent self is going to need the support of mental health people, but I do encourage a number of the SLPs in our center to work collaboratively with the mental health staff in the school. And the reason for that is the majority of kids that have had trauma can’t tell coherent narratives, and the professionals, mental health professionals, are trying to get the kids to tell their stories. So you want to improve competencies in these four areas where Blaustein and Kinniburgh said they're a deficit. A strategy we use across the age band from toddlers to high school students is reminiscing. Now, you are not reminiscing about trauma, you are reminiscing with
children about experiences you’ve had with them in order to help build their ability to tell coherent personal narratives. You can start with that with toddlers, right after an experience, "Oh, you ate that cookie all up. "What kind was it, peanut butter? "Oh yeah, that's your favorite." Preschool kids can tell you the what and the when, "I rode the dinosaur roller coaster and went up and down "and round and round and I got scared "and it made me dizzy and I didn’t get sick, "and when I’m bigger, I can ride Space Mountain." Not only are they telling you about what did happen, but what could have happened, "I could have gotten sick," what might happen in the future, "I’ll get to ride Space Mountain," he's too short to ride that now, and how it made him feel. When you're reminiscing, use metacognitive talk. No, the words no, think, remember, guess. Link emotions to the situation, give alternative explanations. "I went sliding, and I skinned my knees. "Yeah, I think you were a bit scared "when you fell, weren't you? "You thought you might have to go to the doctor, "but you put your hands out, so you didn’t hurt your face."

Now in Albuquerque, the Balloon Fiesta is a really big deal, so we had lots of opportunities to reminisce about that. When you're reminiscing, this is not a memory task, you're not trying to find out how much the child remembered. In the reminiscing, you're trying to promote high autonomy, you’re allowing the child to take a lead, and you're elaborating. "I talked to the balloon pilot. "Oh, you talked to the balloon pilot? "What did he tell you? "How to make the balloon go up. "Oh yeah, he showed you how to pull the cord "to ignite the burner. "That made the air inside the balloon hot, "and hot air made the balloon rise. "The burner was real hot. "Oh yeah, it was very hot. "You needed to be careful not to touch it. "Then the balloon went up. "Oh yeah, I think you were a little bit scared "when it left the ground." Compare that reminiscing to this one. "I pulled the cord. "Yeah, but what did you do before that? "Oh, I got in the basket. "Yeah, but what did you do before you got in the basket? "I talked to the pilot. "What did he tell you? "How to get into the basket." This is a flyer one of our staff made that she uses with parents, teaching them about the importance of autobiographical
memory and giving them an acronym to use to remember what to talk about and how to reminisce with their children. That autobiographical memory is so important. As I mentioned earlier, the better you can talk about the past, the better able you are to think about yourself in the future, and the better able you are to self-regulate. Another area we mentioned that children that have experienced trauma have a lot of difficulty with, they're not good at appropriately recognizing emotions in others, and they're not good at recognizing their own emotions and regulating them. So we want to work on that. Be alert to the children's emotions. View a display of emotion as the time for teaching. Now the child's melting down, you can't say, "Boy, you are really furious right now," but if you're watching a child do a task and you noticed she's kind of struggling getting this project together, you might go over and say, "Oh boy, you're working really hard, that kind of looks, "I think maybe you're feeling a bit frustrated, "those pieces won't just stick. "I'd feel kind of frustrated too trying to do that. "Hmm, maybe we could try another kind of glue."

Now, these six emotions are universal. You want to work on helping kids to identify those on others and then on themselves. One of our staff members across her age group, preschool through elementary school used the movie Inside Out. And in that movie, Riley, the little girl moves across country, she's not happy about it, and in the movie, you also see these five little critters in her head with these different emotions. So, we've looked at the movie, talked about the emotions, and then the children made their own books. So what we're seeing here is working on unique self, what makes you feel joy? So there'd be a picture on the cover of the character Joy, but what makes you feel joy? What makes you feel sadness? What makes you feel disgust? What makes you afraid? Here's a New Mexican youngster saying red chili makes him afraid. What makes you feel angry? Broccoli, spinach, and people who bother me. We like the Scarpa book, it gives a lot of good ideas how to teach kids about self-regulation, get them aware that there are a range of happiness, it's not just all or none. Similarly with anger, it can go from a teeny, tiny bit bothered to enraged. Give them situations where
they have to think about how happy would this make them feel? And in a group, you can talk about how other people would respond to these situations. In our summer programs, we have an actual yoga session. It can be helpful in getting kids tuned in to their bodies. And again, getting them alert, how do you know when you're happy? How do you know when you're starting to get angry? You might have to look in the mirror to look at these different expressions. What are the cues that you're just starting to feel anxious? Social emotions I think can be particularly tricky with youngsters that have experienced trauma. Social emotions are your emotional response to what you think someone is thinking and feeling about you. The literature on this with kids who've experienced trauma is rather mixed. For girls, there's a marked likelihood that they experience shame in many context, even when they should not be ashamed. Some of the literature says for boys, they're less likely to experience a number of these social emotions. Here's another freebie off the website, this whole curriculum is on the website.

You might have to, you would have to purchase the books or songs, but I found almost all the books and songs on YouTube, and it has research behind it, it a mindfulness kindness curriculum for preschool children, and it’s addressing many of those developmental aspects that children who’ve experienced ACEs need. Attention, children learn to attend, and they learn that what they focus on is a choice. You’re training them in being alert to how their body feels when they’re listening and moving. And you’re teaching them about caring, learning about how others feel and how in stories, people cultivate kindness. This next one's very important, children learn that everyone supports and is supported by others, learning how to depend on others, recognizing your own emotions in others, learning how to forgive themselves and to forgive others, and recognizing acts of kindness, and giving acts of kindness. This is one of the lesson plans where the children, the children act out the activities and emotions of the different animals. And Sesame Street has teamed with Kindness Curriculum so you can find a lot of very helpful videos on kindness and empathy on
YouTube. Now, the Collaborative for Academic Social and Emotional Learning, it’s very concerned about what’s happened in the US. US schools are primarily interested in academic performance. Unless kids show really marked behavioral and emotional problems, it can be quite difficult to get kids support. CASEL is advocating school-wide social emotional learning, we call these SEL programs, and they say without emotional skills, children may not be able to control their behavior, feel empathy for others, or focus on learning. This is the SEL curriculum, and something happened in, the slides got changed even after I looked at them, colors had gotten changed here, self-awareness and self-management are both dealing with yourself. Social awareness and relationship skills are learning to be aware of others and how you're going to interact.

And then you have to have all of those for responsible decision-making. Now, for preschool and elementary school children, you're going to work to develop their self-awareness, their self-management in order to help them build relationships among peers and adults within their environments. School-age children should be aware that people have different perspectives. Children need to start learning that, not everyone sees the situation the same way they do. This can be a useful book for elementary school kids to start them thinking about that. I see the duck because I've always been particularly fond of ducks, but other people are going to see the rabbit in this book.

The Brigham Young University website has a whole site devoted to SEL learning, and I highly recommend that you go on this site because there is a whole SEL curriculum with the five SEL components and lesson plans for goals in each of these areas. So you have the five components, and goals within each of them, entire lesson plans are there, and then notice this bottom one, lesson plans for children with language delays. There’s a set of lesson plans for preschool and early elementary school children develop by Bonnie Brinton and Martin Fujiki. These are speech language pathologists who have spent their career working with children who have language impairments to
develop their social emotional skills. So they have a whole set of scripts for books, here's kind of a sample from one of them, the doghouse. I'm not allowed to show you the pictures from the actual book, so you kind of have to imagine that. The page says, "Oh no, the ball went into the doghouse," and you see a bouncing ball heading to a doghouse, and it's a stormy night, and you read it and you say, oh, I wonder, what do you think happened? Why does the author say, "Oh no"? It kind of sounds like he's upset. Why might someone be upset? There was a dog on the cover, or rather a mouse on the cover, and I wonder what that mouse is thinking. You think there might be a dog in there? Then on the next page, at the bottom of the page, there are pictures of a mouse, duck, cow and pig, and they look absolutely terrified. The page says, "Who will get it out?" So, oops, you read that and then you say, okay, now look at these guys here.

Oh, look at their eyes, how do you think they feel? Yeah, I think they feel scared, can you look scared? Let's look in the mirror, let's make a scared face. Well, why do you think they'd be scared? Well, if there's a dog in there, maybe it's a mean dog, they'd be scared. And the page said, "Who will get it out?" Here's Mouse's response, "Cow will! "Cow is big, Cow is brave, Cow is strong." Cow goes, "Moo?" And you say why does Mouse say that? What does Mouse want to happen? Why is Mouse saying nice things to Cow? Why doesn't Mouse go into the doghouse? If you were there, what would you say to Mouse? Look at Cow's face, how does Cow feel? Yeah, I think Cow's surprised that Mouse wants him to go into the doghouse. So you can find a number of the scripts for different books. One final program, this one's one that you have to pay for, but it is excellent in getting youngsters to talk about emotions, it's Kimochis, the preschool and elementary school curriculum have been developed by Ellen Pritchard Dodge, a speech language pathologist. And the kit comes with a number of these different little critters that have their own personality and experiences and you encourage the children to think about who they're most like. And each critter comes with a little pouch where you can put in these different little emotions 'cause all of us
can have multiple emotions. And there are many books that you read to help kids talk about the different emotions, identifying the emotions, being able to draw pictures of them, when you're angry, when you're frightened, when you're worried. Now, Ellen had suggested that you use the book "How Full is Your Bucket?" And I'm thinking that's a metaphor. The idea is if people are nice to you and you're nice to people, your bucket's full. And if people are mean to you or you're mean to people, your bucket's empty. And I'm looking at our kindergarten group and thinking this is gonna be too abstract. We have our group one day and a little girl comes in, she has a cut on her forehead and stitches, and one of the youngsters in the group says, "What happened?" And she said, "Oh, I was riding with my mom, "and my mom was driving drunk and she crashed the car, "and I had to go to the hospital, "they gave me these stitches, "and now I'm not allowed to live with my mom anymore." And one of the other kindergarteners says, "Boy, your bucket is sure empty." And someone else says, "What would you like us to do "to help fill your bucket?" Well, I finish this session talking some about programs, but it's not the programs that are important, it's the relationships. Relationships matter, the currency for systemic change is trust, and trust comes through forming healthy working relationships. People, not programs, change people. You have the power to make significant changes in the lives of these youngsters who have experienced multiple ACEs. Thank you for attending today.

- [Amy] All right, well thank you so much, Carol. We really, really appreciate you sharing your expertise and a lot of really fantastic resources with us, so thank you so much for that. Let's go ahead and take some questions. Let me, give me just one moment please while I make this a little bit bigger so I can see. Okay, Carol, if you're ready, Victoria is asking international and domestic adoption and trauma, what resources or research considerations can help us to understand ACEs per the population of children adopted from institutionalized settings and/or foster care?
- [Carol] Certainly, if you follow the work of Nelson and Zeanah and Boris, look at the Bucharest study that really documents the Romanian youngsters. I also, I have a past doctoral student of mine, Deb Hwa-Froelich for a number of years, she has just retired just this summer, she has a book, I think it's called "Supporting International Adoptees". She ran a clinic in St. Louis for internationally adopted children. This is a big issue with many of those youngsters, and I think a lot of the adoptive parents weren't accurately informed about the long-term effects of trauma on these children. Yeah, Victoria, if you want to email me for some more specifics, feel free to do that, but yes, it's an extremely important area to work with adoptive parents on.

- [Amy] Great, thank you, thank you for that. Next question is asking how do you parse out if difficulties with narratives are due to ACEs or possibly ASD?

- [Carol] That's a good question. I realize sometimes there could be a mixture of the two. Boy, that gets us into a whole nother area. I'm doing a version of this presentation next week at an international conference and I'm going to show, there I will show a video clip of a little boy. There was a youngster I was seeing a few years ago, a toddler, and I kept looking at him and kept thinking is he on the spectrum? Wasn't getting good interaction, referred him to our state autism evaluation. It turned out that what they discovered was that the child was witnessing so much violence in his home that the problems I was having engaging him were due to the trauma he was witnessing, not that he was on the spectrum, so I think sometimes, those issues get clouded. Those get clouded sometimes again with international adoptions, with kids who have experienced trauma. Is it the trauma, or is it autism? Indeed, sometimes it can be difficult to tease some of those pieces apart. So I don't know if I've given you a good answer, but it's an important question to think about.

- [Amy] Absolutely, okay. All right, and then we have somebody asking if there is a link to the flyer for how to improve a child's autobiographical memory?
- [Carol] Email me for it, I will send you the PDF, and yes I really will encourage you to make use of that. I should have put it right on in one of the handouts there, but I wanted you to be able to print out the whole thing, so email me and I'll send you the PDF.

- [Amy] Also Carol, if you’d like, you could email, you can send me the link and then I can send it out to everybody attending today, and then I can just attach it to your, to the recorded course as well.

- [Carol] Oh, okay, all right, I will do that.

- [Amy] Perfect, thank you. All right, do you have any suggestions for cultivating mindfulness, developing personal narratives, and emotional regulation for grades nine through 12?

- [Carol] Given our short time today I focused, what I would often say here, many of you know the work of Michelle Garcia Winner, she focuses particularly on high functioning individuals with autism. Many of the principles and activities that Michelle recommends for those older, high functioning individuals on the spectrum are ideal also for individuals, older individuals that experience trauma. So that's one of the first places, I took a good friend of mine recently, I was at Michelle’s conference, and I took her friend along saying, "I think you need to hear this." And hearing those strategies, a lot of Michelle's work certainly focuses both on mindfulness and mindsight. So you also might look at Siegel's material on mindsight.

- [Amy] Okay, great, thank you, those are great recommendations. Judith is asking in the school setting with limited time allowances, is the SLP or psychologist or social
worker best placed to address the concerns about social emotional language in children who have experienced trauma?

- [Carol] Another very good question, and this is one that frustrates me. What will happen, we do tend to see that the schools refer the kids to the social worker. A problem is in our state, you can only see the social worker if you have an IEP, and that becomes very problematic. This is where, again, that we need to be working together because neither the social worker nor the SLP have all the skills that are needed. They need to be working jointly, and that’s why whenever possible where we’re dealing with kids that have these needs and they’re on the speech caseload, a lot of our clinicians will do joint therapy. If that’s not happening, you do need to help the counselors or social workers learn about narrative development, and what a coherent narrative is, ’cause often, that’s not recognized and they don’t understand some of the behavior they’re seeing with the kids or why they’re not getting good responses because the child’s speech sounds fine, the sentences are well-constructed, the child doesn’t present as having an obvious speech or language problem that gets him referred. It’s another issue, kids get referred because the speech or syntax is bad, kids rarely get referred because their narratives aren’t coherent.

- [Amy] Very interesting, okay. All right, we do have just a few more questions, but if you do need to log off, you are more than welcome to do so. Carol, do you have time for maybe two more questions?

- Certainly.

- Okay, great, thanks. Are there any studies about children whose parents are currently or have undergone cancer treatment?
[Carol] Oh. I don't know specifically. There's clearly, that trauma list has been expanded, and so, our concerns about children who have caregivers who are undergoing illnesses, clearly, that's going to have the potential to disrupt attachment. I do not know of anything specifically. That's something certainly, parents themselves are concerned I'm watching some of the ads recently on TV, a mom talking about her concern, not so much for her own health with the illness, but how it was affecting her child. So the parents undergoing need support, I think often they're concerned about those issues also and how to help them during that time, and seeing that there are people who can support not only them, but support their child.

[Amy] Okay, and then just one last time question asking if you can clarify mindfulness versus mindsight?

[Carol] Okay, mindfulness is that awareness, how's my body feeling? Here's where I am. Oh, am I feeling a bit anxious? Okay, and my heart rate's going up, okay, I'll try to calm myself. Mindsight is that plus sizing up the environment, also thinking about other people's thoughts and feelings and also thinking about how can I change? I'm allowing this to really stress me, what are options for how to change? Again for that, I highly recommend Siegel's book on mindsight, talking about it's more of a problem solving, so it's not just okay, I'm aware of myself, but really now strategies of awareness of others and modifying your behavior. So like where I was saying, when some kids push our buttons, we're often very aware of how they're pushing, but the mindsight then is okay, how do I calm myself down and what strategies can I use at this point? So it's going that step beyond.

[Amy] Okay, thank you for clarifying that, hopefully that helped our participant. Okay, I think we will go ahead and wrap it up there for today. Again, thank you so much Carol for joining us and sharing so much of your knowledge, and just very powerful information, so we really appreciate your time and expertise. And thank you to our
participants for joining us today, we certainly do appreciate your time, and hopefully you can join us tomorrow and Friday for the rest of our series. If you aren't able to join us for any of the, the rest of the webinars, or you missed something from earlier in the week, please know that all of the courses will be available as recorded courses in our library. So we can go ahead and wrap it up there, thank you Carol, and I hope everybody has a great rest of the day.

- [Carol] Thank you, Amy.