Use of Art Interventions to Deescalate Elementary Students in Crisis

Anna Brink ATR-P, LPC, NCC

Introduction/ Learning Objectives

- Introduction
- Presentation will be recorded
- Questions
- Learning Objectives
  - Participants who attend this session will:
    1. Access factors that increase children's probability to engage in a behavioral escalations.
    2. Identify the stages of behavioral escalation and corresponding art interventions to deescalate children in crisis.
    3. Review safety protocols when attempting to deescalate children.

Prevalence of Childhood Trauma

- Nearly 35 million children in the U.S., almost half of all children, have experienced at least one type of trauma (Alexander, 2019)

- As many as 30% of students in any given classroom have experienced 4 or more ACES (Finkelhor et al., 2015)

- 1 in 4 students in all schools has been traumatized to a degree that negatively impacts school success (Alexander, 2019)

What is Trauma?

- The term *trauma* is used to describe an <u>event</u>, series of events, or set of circumstances that is <u>experienced</u> as physically or emotionally harmful or life threatening, overwhelms our ability to cope, and has lasting adverse <u>effects</u> on a person's mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014).

- Child Traumatic Stress
    - Children who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the events have ended (National Child Traumatic Stress Network, n.d.).

What Trauma Can Look Like in Schools

Biological
- Fight, flight, freeze
- Sensory and motor challenges
- Problems with coordination, balance, and body tone
- Unusual pain response
- May be sick or have psychosomatic symptoms often and frequent the health office

Emotional
- Hypervigilance
- Overreactions to small problems
- High state of distress
- Emotional regulation problems
- Struggling to communicate wants or needs
- Dissociation

Behavioral
- Hyperactivity
- Poor impulse control
- Appearing attention seeking or demanding
- Violence or other dangerous actions
- Oppositional behavior
- Being overly compliant
- Eating problems
- Sleep disturbances
- Maladaptive self-soothing
- Substance use

Cognitive
- Lack of curiosity
- Learning disabilities, processing difficulties or memory impairment
- Language difficulties
- Concentration difficulties
- Difficulty understanding one's own contribution to things that happen

Self-Concept
- Poor sense of self
- Low self-esteem
- Toxic shame
- Beliefs about either being the best or the worst
- Tendency to place blame on self or others
- Body image concerns
- Self-sabotaging behaviors

Relationships
- General mistrust of others
- High need for control of self or others
- Interpersonal difficulties with peers and adults
- Unhealth boundaries
- Clingy or overly dependent
- Withdrawn, socially isolated
- Overly helpful or solicitous of attention
- Communication problems
- Difficulty understanding other's emotions

Understanding Behaviors of Concern

- Behaviors of concern are defined as the "acting act," "problem" or "target" behaviors that need to be addressed.
- Three Common Sources of Behaviors of Concern
  - Carry In Behaviors
  - Carry Over Behaviors
  - Tune In Behaviors
- Behaviors of concern are cyclical and can be potentially aggressive

Behaviors of Concern Continued

- Common behaviors of concerns in the school setting:
  - Physical and verbal aggression
  - Elopement
  - Property destruction

Factors that Increase the Probability of Behavioral Escalations

- Diagnoses
  - PTSD or other trauma and stressor related disorders
  - DMDD
  - ODD
  - Children on the spectrum
  - Conduct disorder
  - Intermittent Explosive Disorder

- Other factors
  - Poor executive functioning
    - Difficulty regulating emotions
    - Poor distress tolerance
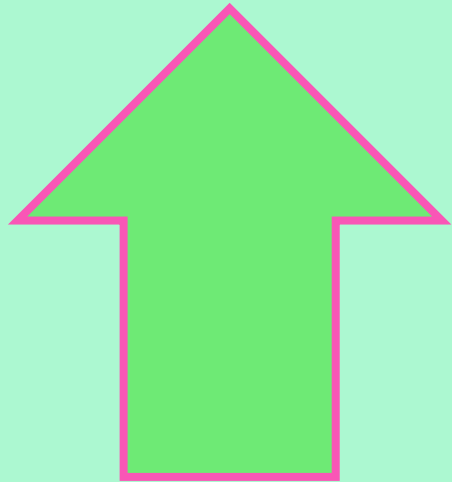   - Impulse/self control issues

Window of Tolerance

- The Window of Tolerance is the state at which you are in a balanced, calm, relaxed state and feel in control.

- In this zone, you can function the most effectively.

- For children with trauma their window of tolerance is smaller, making them more susceptible to escalate emotionally.
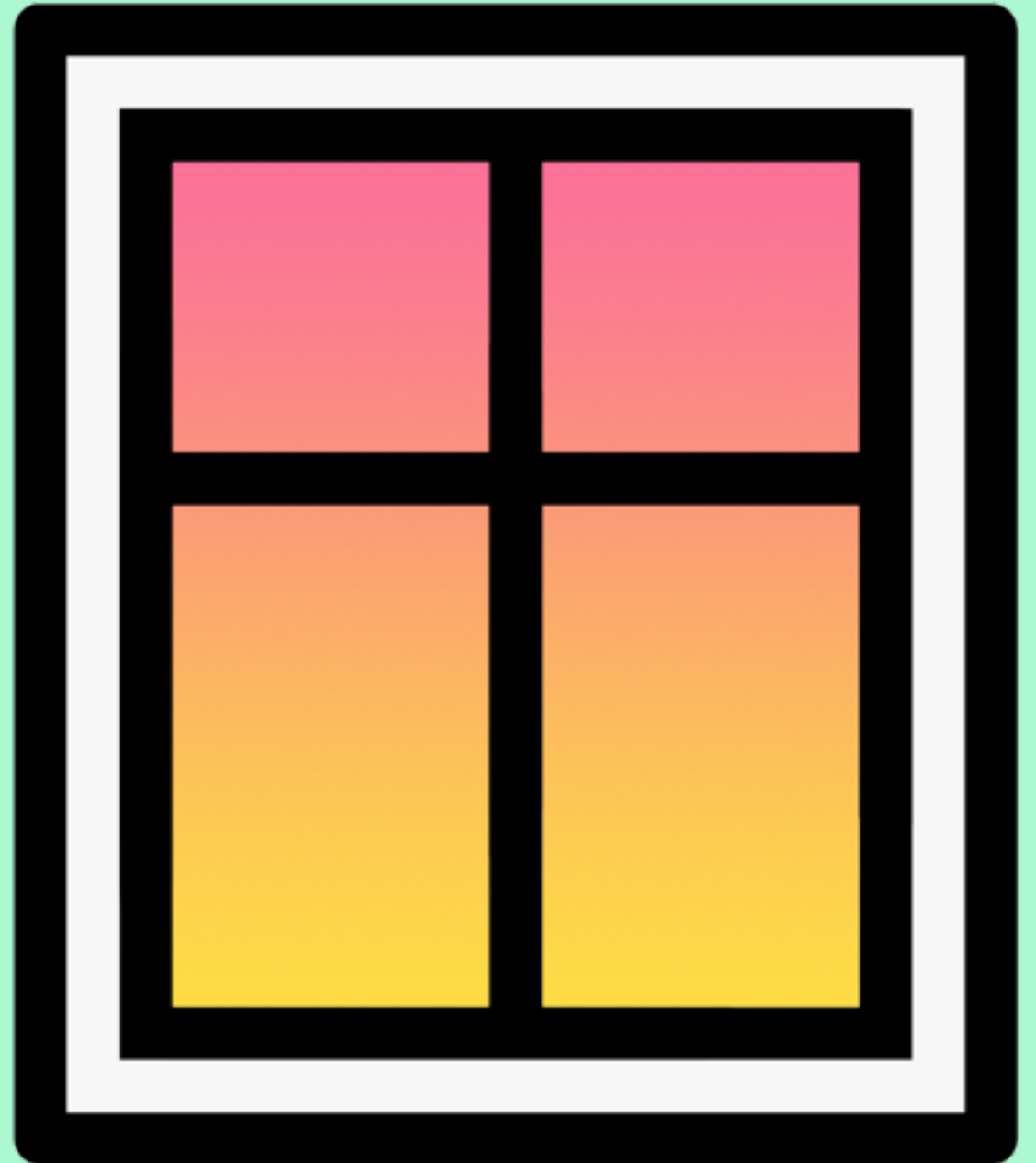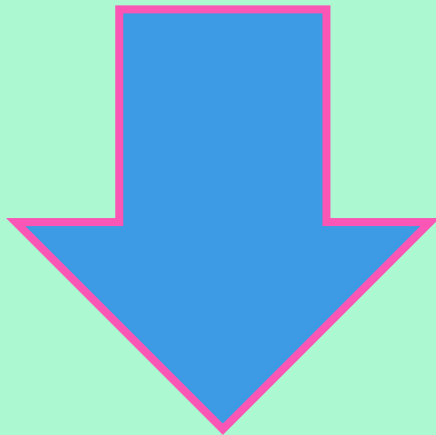
Hyperarousal

Abnormal state of increased responsiveness

Feeling anxious, angry, and out of control

Students may become aggressive or they may elope from the classroom or building

Hypoarousal

Abnormal state of decreased responsiveness.

Feeling emotional numbness, exhaustion, and depression

The body becomes shut down and the student experiences a freeze response and become unresponsive

Hyperarousal

- Symptoms can include:
  - Inability to think
  - Eyesight becomes more focused and sharper
  - Dry mouth
  - Adrenaline
  - Feel cold
  - Urge to use the restroom
  - Rapid respiration
  - Sweating
  - Tense Muscles
  - Heart Races
  - Feels Dizzy
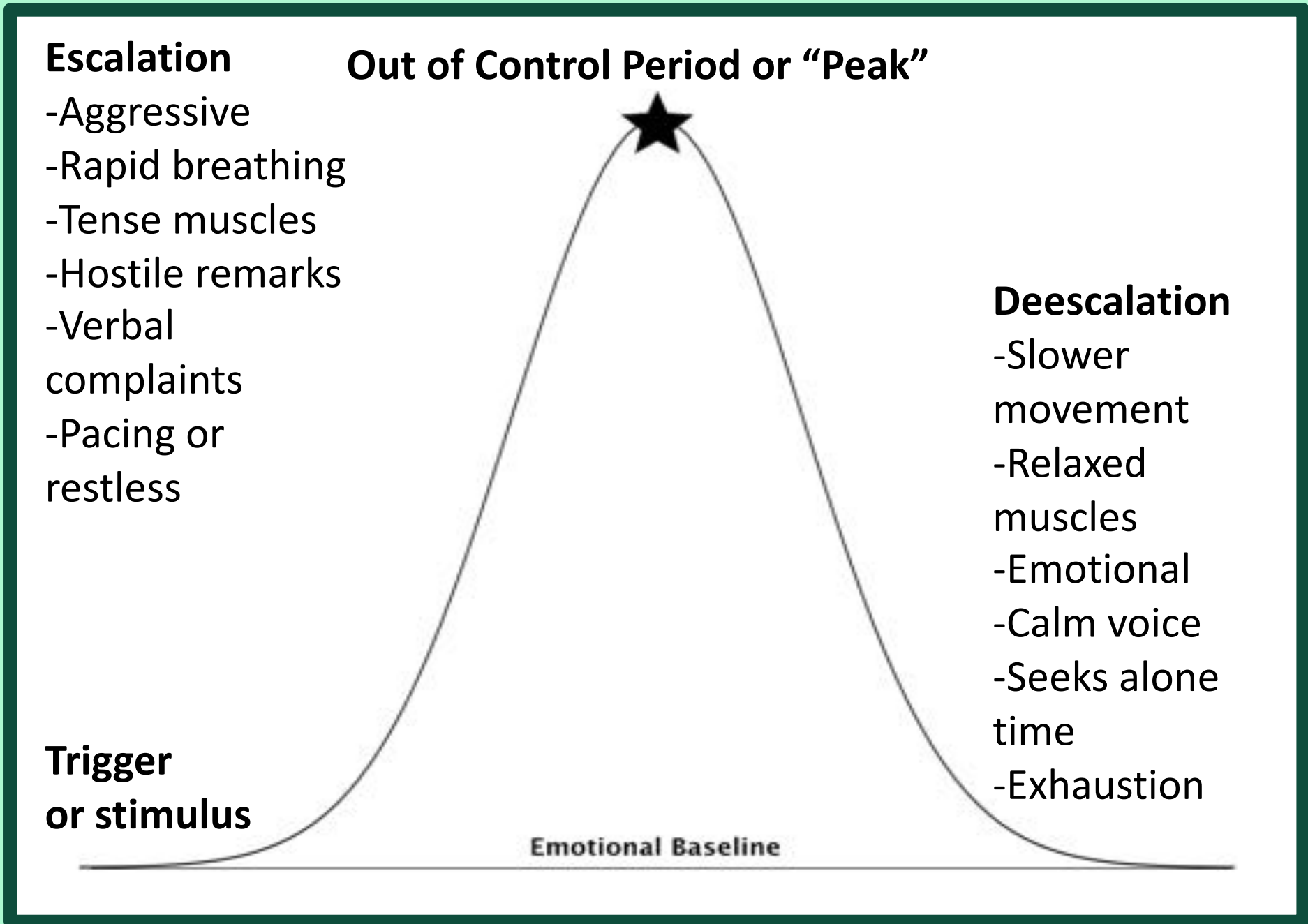
Hypoarousal

- Symptoms can include:
  - Feels alone, empty, disconnected, dread, or numb
  - Eyesight becomes more focused and sharper
  - Dry mouth
  - Goes pale
  - Feels trapped or stuck
  - Feels in a fog
  - Changes in breathing
  - Feels cold
  - More like to dissociate in this state

Triggers or Stimuli

- Trauma responses, if left unchecked, compromise a youth's personal, social, and academic success, and as such, it is important to try to prevent this when possible.

- Anytime the brain perceives similarities in the environment with the traumatic event, it will go into survival mode.

- Examples-
  - Loss of control (being told no)
  - Sensory stimuli (smells, sounds, etc.)
  - Being touched or having things touched
  - Loud voices or yelling

Behavior Curve

- The behavior curve plots the series of behaviors that occur from beginning to completion.

Escalation
-Aggressive
-Rapid breathing
-Tense muscles
-Hostile remarks
-Verbal complaints
-Pacing or restless

Out of Control Period or "Peak"

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Deescalation
-Slower movement
-Relaxed muscles
-Emotional
-Calm voice
-Seeks alone time
-Exhaustion

Trigger or stimulus

Emotional Baseline

Stages of Escalation

	Regulating	Revving	Re-experiencing	Reconstituting
Child's Behavior	Restful. Child is calm and engaged in his or her environment	Vigilant. Child has been triggered and is trying to manage emotions.	Fight, flight, or freeze. Child's coping skills are overwhelming, and they are struggling.	Calming down. Child is beginning to manage emotions and re-engage.
Your Priority	Minimize triggers to prevent escalation	Help the child regulate emotions	Make sure your efforts to contain the child do not retraumatize them, keep the child and others safe	Help the child continue to manage emotions and re-engage.

Other Tips for Managing Behavioral Escalation

- If present from the beginning of the behavioral escalation, it is beneficial to time how long it takes for the entire stages of escalation to be completed.

- For children with trauma, sometimes they can progress through the stages of escalation more rapidly.

- It is beneficial to know what steps or plan your agency has in place to handle behavior escalations or other crisis situations.
  - Ex: Classroom evacuations

Safety: Environmental Awareness

- **<u>Safety is the top priority</u>**
- Strategic Positioning
  - See & Hear All Individuals
    - Who appears to be agitated?, Who is eyeing the exits?, etc.
- Communication Devices
  - Is there a way to call for help if needed?
- Exits
  - Multiple exits, anything between staff and the exit, etc.
- Potential Hazards
  - Potential weapons or obstructions
- Floor surface
  - Can it cause tripping, slippery, etc.
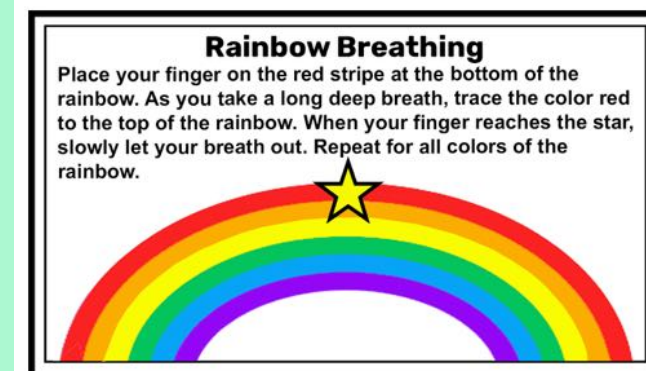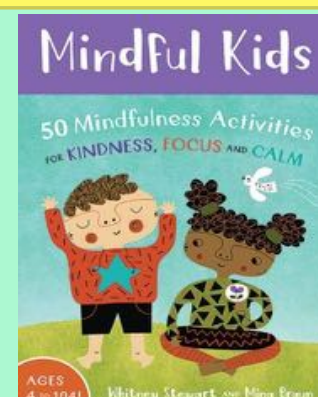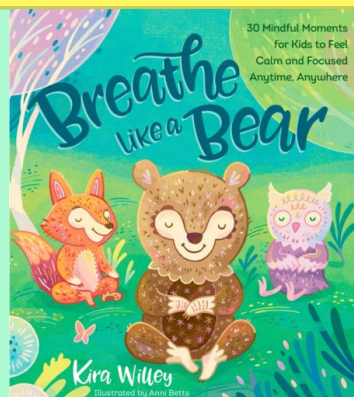
Safety: Art Supplies

- Limit supplies
  - When implementing de-escalation art interventions, I offer markers, twistable crayons, and sometimes pencils
- Keep scissors or other sharps secure
- For art therapists who have art rooms
  - Consider how supplies are stored and accessed by clients
  - If you have frequent eloping behavior in a facility or setting, consider locking the door to the art room or office
    - In school setting we have a protocol called "Lock and Teach"

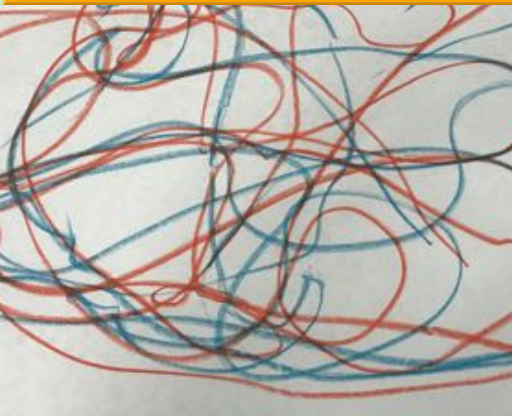# Art Directives During Behavioral Escalations

Hyperarousal Interventions

- Combine art making with calming strategies that regulate the child's central nervous system

- Resources that can be used simultaneously with art making.
  - Children's book *Breathe Like a Bear*
  - Mindful Kids deck of cards
  - Coping Skill Cards

- Implement these directive during the revving stage to help regulate the client

- Art Interventions
  - Traced hand coloring page combined with five finger deep breathing technique
  - Spiral Artwork with deep breathing
  - Draw your breath activity

Breathe like a Bear
30 Mindful Moments for Kids to Feel Calm and Focused Anytime, Anywhere
Kira Willey
Illustrated by Anni Betts

Mindful Kids
50 Mindfulness Activities for KINDNESS, FOCUS and CALM

Rainbow Breathing
Place your finger on the red stripe at the bottom of the rainbow. As you take a long deep breath, trace the color red to the top of the rainbow. When your finger reaches the star, slowly let your breath out. Repeat for all colors of the rainbow.

Hypoarousal Interventions

- In this state, the goal should be to get the client up and moving.

- Do not implement relaxation techniques, it will only prolong a hypoaroused state.

- Can encourage child to move around or stand while art making

- Art Interventions
  - Scribble chase
  - Paper ripping
  - Large butcher paper drawing
  - Line drawings
  - Give piece of clay to mold or squeeze
  - Four quadrant taped paper on the wall
  - Crumpled paper artwork

*Not a client

Art Directives After Behavioral Escalations

Assisting Children Process Emotions after a Behavioral Deescalation

- Children may experience a broad range of emotions after a behavioral escalation
  - Shame, guilt, embarrassment, etc.
- We may often see children after an incident has already occurred or even a day or few days later

Emotion Character Drawing

Invite the child to create a character to represent an emotion they experience frequently. The character can be a person, an animal, or an imaginary creature.

- Supplies needed
  - Paper
  - While any art materials can be used, I tend to offer drawing supplies most frequently

River of Feelings Activity

- Experiential
- See handout
- Supplies needed:
  - Paper
  - Any art materials

When Art Interventions are Ineffective to Deescalate

- Art interventions should <u>not</u> be used to deescalate a child when they are in the re-experiencing stage or at the peak of the behavior curve.

- At this stage, children are at their most out of control state and can engage in behaviors that are dangerous to themselves or others.

- Art interventions are most effective when implemented early in the behavior curve and stages of escalation and after an escalation incident.

Other Tools

- Create the client's personalized behavioral curve

- Emotion Thermometer
  - Thermometer worksheet attached in handout

- Sensations Chart

- Feelings Chart

Telehealth Deescalation Strategies

- Establish a plan with the child's guardian in the event of a behavioral escalation
- Verbal Interventions include statements and requests that re-direct or correct and individuals' behaviors
  - State the child's name
    - Cocktail effect
  - Encouragement
    - Indicate concern
    - Use clear language
    - Offer assistance
    - Attempt to divert focus
    - Recommend alternative behavior
    - Offer choices
    - Acknowledge/praise
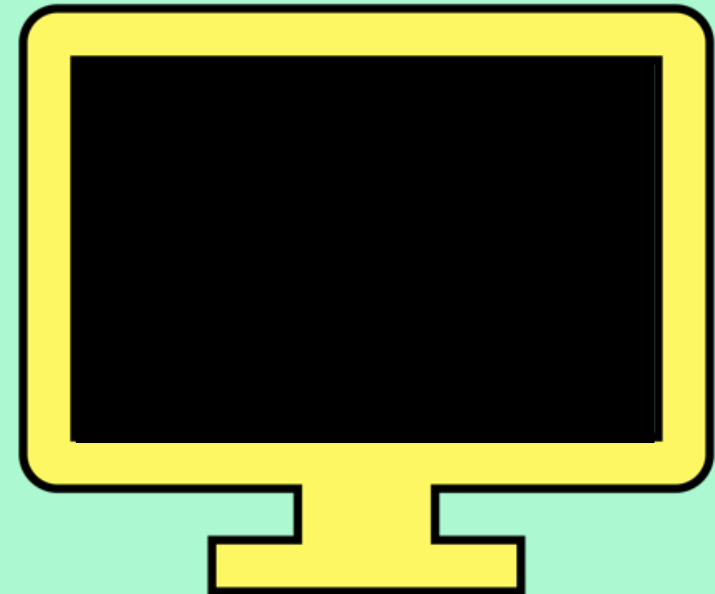
Telehealth Deescalation Strategies Continued

- Direction techniques are strategies used to give explicit instructions for expected behavior. These techniques also help you maintain professionalism during escalated situations

  - Direct appeal
  - Positive problem-solving
    - Give acceptable alternatives
  - Benign confrontation
    - This is the suggested intervention for oppositional and defiant behavior
  - Redirection
    - Reminder of what is expected
  - Limit setting
    - Firmly state what is expected or acceptable

  - Positive correction
    - Praise sandwich
      - Praise previous accepted behavior
      - Identify the non-desired behavior
      - Clearly state the behavior expectations
      - Ask the individual to repeat or acknowledge the behavior expectations
      - Once they comply, thank them and praise behavior

Other Safety Measures

- Self-regulate before attempting to deescalate a child

- Check-In Companion

- Physical safety considerations
  - Attire

- Assaults

Final Questions

References

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