Using Dosing Strategies From the Neurosequential Model to Support a Regulated Classroom

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Objectives

- Identify how to support a teacher in recognizing state dependent functioning in their students.
- Discuss how dosing fits into differentiated classroom needs.
- Provide "Regulate, Relate, Reason" strategies for implementation in different classroom structures.

Neurosequential Model

- The Neurosequential Model (NM) is a developmentally sensitive, neurobiology informed approach to clinical problem solving.
- NM is not a specific therapeutic technique or intervention. It is an approach that integrates core principles of neurodevelopment and traumatology to inform work with children, families and the communities in which they live.
Neurosequential Model Components

Developmental history
- Relational health + Adverse experiences = Developmental Risk
- Think of a student who is at risk at home, what are the protective factors they have in place (or don't have in place)
- How to provide maximum support at a tier 1 level

Flock, Freeze, Flight, Fight Continuum

Adaptive Response
- Rest (Fetal Meta)
- Vigilance
- Freeze
- Flight
- Fight

Apparition Continuum
- Reactive
- Fragile Child

Disengagement Continuum
- CALM
- ALERT
- ALARM
- FEAR
- TERROR

Mental State
- CALM
- ALERT
- ALARM
- FEAR
- TERROR

Property of CIA, do not distribute

Impacts academics
Impacts relationships

Property of CIA, do not distribute
Co-regulation or Co-dysregulation with Teacher

- Tier 1 interventions which support teacher capacity to stay regulated
- Predictable interactions and boundaries with students that are consistent and paired with teacher strengths

“Dosing”

- Dosing: A proactive intervention to increase regulator practices and decrease escalating behavior
- Builds resiliency to stressors, by frequent intervals of practice. Instead of...
- Think of dosing like taking medicine
- 2-4 doses a day in school, 5-8 minutes per dose
- Focus on 30 minutes prior to escalated classroom times
Dosing Strategies

- Look at current schedule and what is working and what isn't.
- Data dig
- Look at periods of transition and periods of calm.
- Utilize current activities to see what is working (i.e. gym, therapy, dance class, etc.)
- How to evaluate need:
  - Tile and Groat
  - Schedule or calendar
  - Mutual delight
  - Parallel vs. Interactive strategies
  - IMPACT: when dosing is predictable, deliberate and in consistent intervals

Dosing Strategies at School- Look at What you are Already Doing

- Group/Classroom:
  - Brain breaks
  - Mindfulness
  - Movement
  - Drumming (follow the leader)
  - Song and dance
  - Handicap games
  - Yoga
  - Classroom leaders or consistent jobs
  - Morning meeting/daily check-ins/circles
- Individual:
  - Walking with support person
  - Check in's
  - Personalized planning from additional assessment (stationary bike, wobble seat, identified proprioceptive work)
  - Playing catch
  - Movement exercises
  - Individual activity
  - Coloring break
Regulate, Relate and Reason

- Relevant (developmentally matched)
- Rhythmic (resonant with neural patterns)
- Repetitive (patterned)
- Relational (safe)
- Rewarding (pleasurable)
- Respectful (child, family, culture)

Next Steps:

- Collaborate with additional building team members (occupational therapist, speech pathologist, school psychologist)
- Identify what is already implemented that can be added to
- Utilize resources for planning (classroom wide)
  - Tile and grout
  - My emotional regulation plan (DPI and TSS)
  - Sensory and regulatory preferences checklist
Other Ways to Connect

- Visit our website: www.saints.org
- Social Media: @SaintAorg #TISStS
- Carey Jacobson at cacobsen@saints.org for School Based Mental Health services or clinic branch questions
- Sara Daniel at sdaniel@saints.org for Trauma Sensitive Schools trainings and other professional development needs
- The Clinic At SaintA at 414-463-1800 for Individual, family and group therapy