

## 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.

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## 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.

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### 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

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### Flock, Freeze, Flight, Fight Continuum

Traditional Fight/Flight	Reflect	Flock	Freeze	Flight	Fight
Primary secondary Brain Areas	NEOCORTEX <i>Subcortex</i>	SUBCORTEX <i>Limbic</i>	LIMBIC <i>Midbrain</i>	MIDBRAIN <i>Brainstem</i>	BRAINSTEM <i>Autonomic</i>
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive
Mental State	CALM	ALERT	ALARM	FEAR	TERROR

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Adaptive Response	Rest <i>(Adult Male)</i>	Vigilance	Freeze	Flight	Fight
Hyperarousal Continuum	Rest <i>(Male Child)</i>	Vigilance	Resistance	Defiance	Aggression
Dissociative Continuum	Rest <i>(Female Child)</i>	Avoidance	Compliance	Dissociation	Fainting
Mental State	CALM	ALERT	ALARM	FEAR	TERROR

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<https://www.youtube.com/watch?v=Ahg6qcgoay4>

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### 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 (ie. gym, therapy, dance class, etc.)
- How to evaluate need:
  - Tile and Grout
  - Schedule or calendar
- Mutual delight
- Parallel vs. Interactive strategies
- IMPACT: when dosing is predictable, deliberate and in consistent intervals

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

- Group/Classroom:
  - Brain breaks
  - Mindfulness
  - Movement
  - Drumming (follow the leader)
  - Song and dance
  - Hand clap 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

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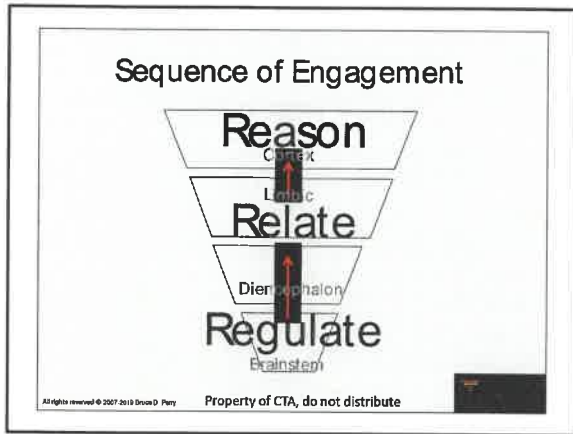
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### Regulate, Relate and Reason

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

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### 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

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2/28/2020



### Other Ways to Connect

- Visit our website: [www.sainta.org](http://www.sainta.org)
- Social Media: @SaintAorg #7eITSS
- Inquiry form: <http://sainta.org/trauma-informed-care/inquiry-form/>
- Carey Jacobsen at [cjacobsen@sainta.org](mailto:cjacobsen@sainta.org) for School Based Mental Health services or clinic branch questions
- Sara Daniel at [sdaniel@sainta.org](mailto:sdaniel@sainta.org) for Trauma Sensitive Schools trainings and other professional development needs
- The Clinic At SaintA at 414-463-1880 for individual, family and group therapy

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