

A close-up, low-angle shot of a group of diverse children of various ethnicities and ages. They are all smiling and looking towards the camera. One child in the upper left is making a peace sign. The background is a soft-focus outdoor setting with green foliage.

# Working With Challenging Behaviours:

Supporting Front-Line Service Providers



**CROSSROADS**  
Children's Mental  
Health Centre

# Agenda

Help for Children. Hope for Families.

1. Introduction to Crossroads
2. What are challenging behaviours?
3. Adverse Childhood Experiences and trauma-informed care
4. Attachment overview
5. How can we support families?
  1. Recipe
  2. Hats
  3. Zones
  4. CPS
6. Supporting caregivers during a crisis

# Crossroads Children's Mental Health Centre

Help for Children. Hope for Families.

We are an Accredited Children's Mental Health organization that works with children under the age of 12 and their family members. We specialize in behavioral problems and mental health concerns such as aggression, impulsivity, poor social skills, anxiety, sadness, depression, fear, and suicidal thoughts.

- Our Services are Child Centered & Family Focused
- Our Services are Community-Based
- Our Services are Culturally Competent

# What we do?



There is no charge for our services. We are non-profit and funded primarily by the Ministry of Health.



Our services are committed to Evidence-Based Practices and Professionally Competent



We use a team approach to support and deliver treatment services.



Our philosophy is founded on Collaborative Problem Solving (CPS). We believe challenging children lack the skill, not the will, to succeed. For more information on CPS please visit [thinkkids.org](http://thinkkids.org)

# Who do we help?

Crossroads provides mental health services to families and children under the age of 12.

English speaking, or languages other than French (**Le CAP**)

Specializing in behavioral (externalizing often with internalizing) problems and mental health concerns

Problems of long duration in school, home and community.

Children do not need a formal diagnosis to access services.

We work with children diagnosed with High Functioning Autism.



# CCMHC PROGRAMS AND SERVICES

# Mental Health Services

Intensive Home Based

Day Treatment

Clinical: Child & Family Therapy

Headstart Program

Intersections/Police Referrals



# Mental Health Services

School Based MH Services

Counselling Connect: Single Session

Parent Groups

MH Camps

TAPP-C Fire setting Risk





## Challenging Behaviours

# What Are Challenging Behaviours?

- **SCHOOL-AGED CHILDREN**

- Aggressive towards others
- Avoidance (esp with activities or situations that were previously achievable)
- Emotions not matching the situation
- Difficulty regulating emotions
- Regression of behaviours (becoming clingy)

- **INFANTS and TODDLERS**

- Consistent crying
- Physical aggression
- Inability to be consoled (either after caregiver leaves, or when caregiver remains)

# Managing BIG Emotions

**Acknowledge their feelings and provide reassurance**

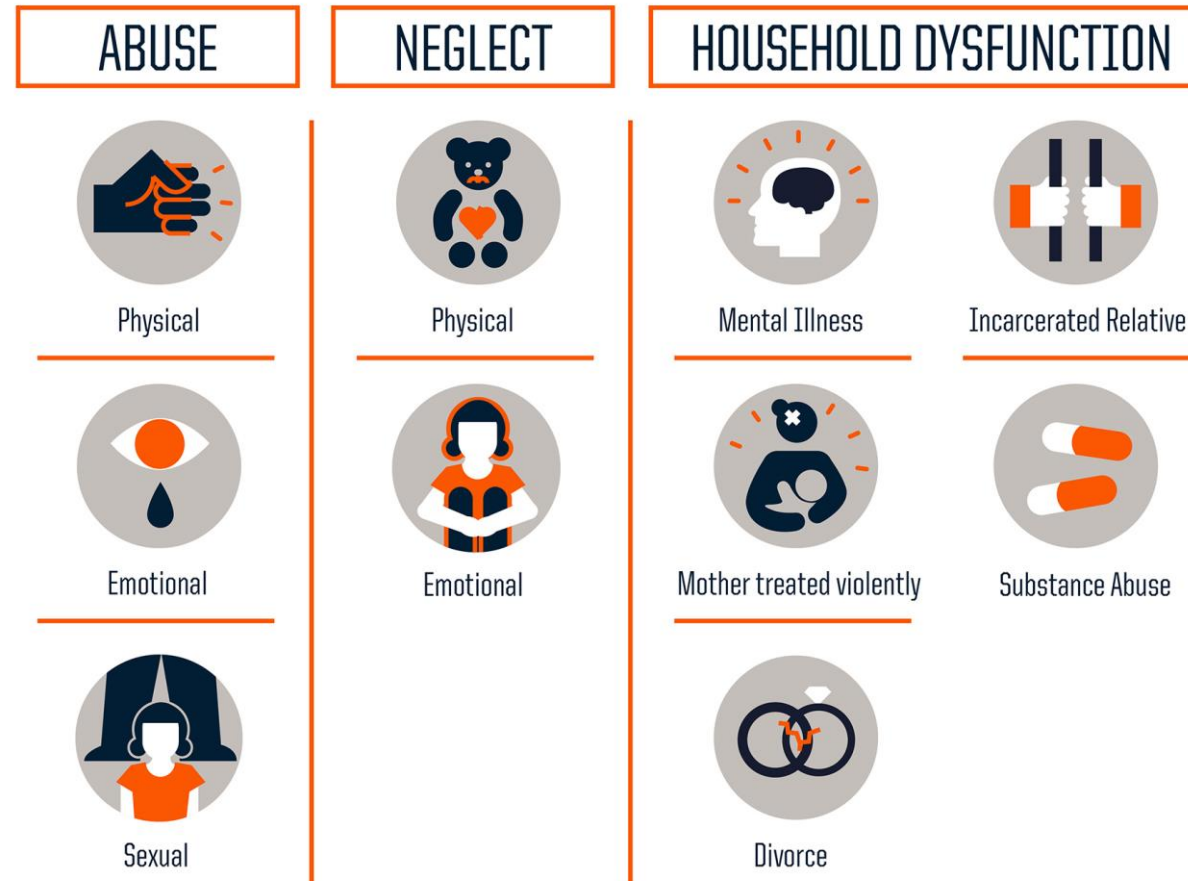
- “I can see this is hard, I’m here to help”
- “That scared you didn’t it”
- “You are so angry that your towel fell”
- “I love you, it’s okay to make mistakes”
- “You’re not in trouble, I’m not mad”





## Adverse Childhood Experiences and Trauma-Informed Care

# Adverse Childhood Experiences



Source: Centre for Disease Control and Prevention

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## HOW A CAREGIVER'S TRAUMA CAN IMPACT A CHILD'S DEVELOPMENT

### EARLY DEVELOPMENT

#### Caregiver With Traumatic Experience

Mother releases cortisol

Baby absorbs cortisol through placenta

Can impact baby's:

- HPA axis
- Central nervous system
- Limbic system
- Autonomic nervous system



Caregiver struggles to regulate

Attachment relationship between caregiver and child may be strained

Can impact child's:

- Development of a core sense of self
- Ability to integrate experiences
- Epigenetic expressions

### ADULTHOOD

#### A Person Who Has Had a Caregiver With Untreated Trauma May:

Be more prone to PTSD after trauma

Struggle to repair after conflict

Struggle with relationships



Unintentionally bring out negative behaviors in others

Be emotionally detached

Be more prone to dissociate

### BREAKING THE CYCLE OF TRAUMA

This can become a cycle, impacting future generations.



The good news is that healing trauma can break this loop. Seek help from a licensed health or mental health practitioner.

Parenting is a hard job, and this isn't meant to add to the stress of raising children. But it's critical to provide practitioners with information that can help them work more skillfully with patients who've experienced trauma and help them resolve their trauma. Trauma is not a life sentence - it's never too late to heal.

[www.facebook.com/nicabm](https://www.facebook.com/nicabm)

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# Trauma-Informed Care

## 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Center for Preparedness and Response \(CPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [CPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Western University Knowledge Hub  
[https://www.cdc.gov/cpr/infographics/6\\_principles\\_trauma\\_info.htm](https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm)

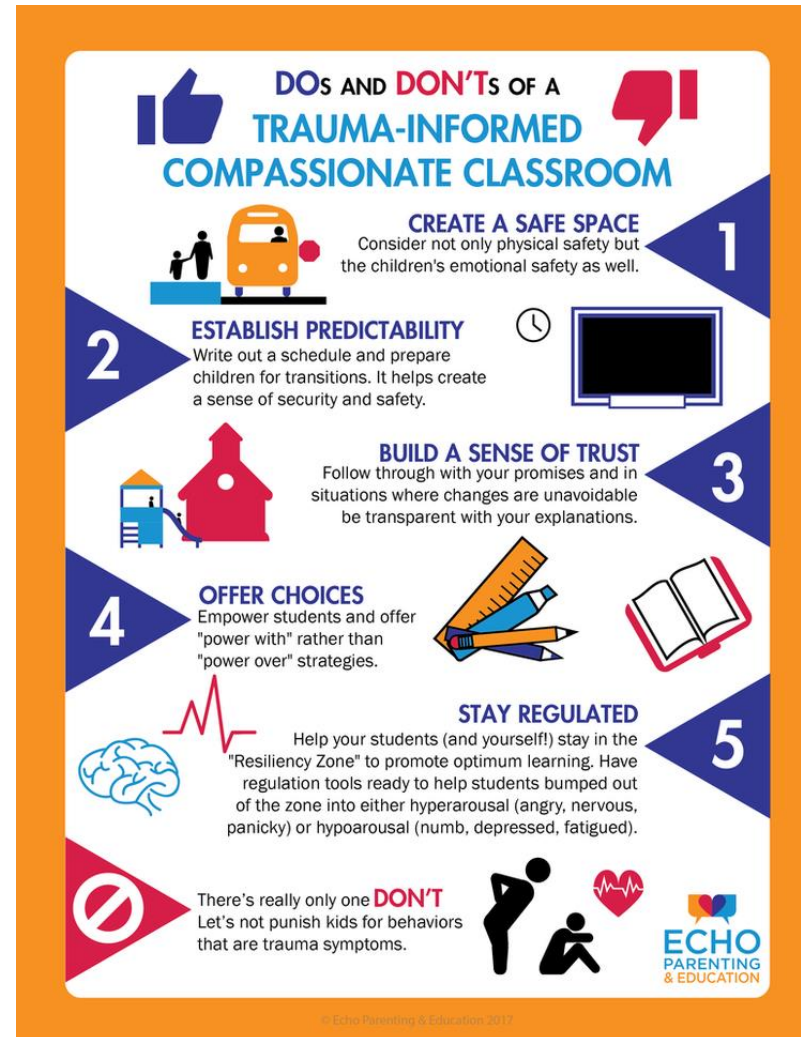
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# Trauma-Informed Care

<https://www.reach.gse.harvard.edu/blogs/migration-displacement/series/nurturing-the-wellbeing-of-internally-displaced-children-through-trauma-informed-education>

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## Attachment Overview

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# Attachment Overview

- Attachment is determined by the caregiver's response to child when they are sick, hurt, or upset
- Helps organize the world for our children
- Timely and sensitive response
- Impacted by our own attachment styles (e.g. our upbringing, shark music)

# Attachment Overview



<https://mind.help/topic/attachments/attachment-styles/>

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# Still Face Experiment



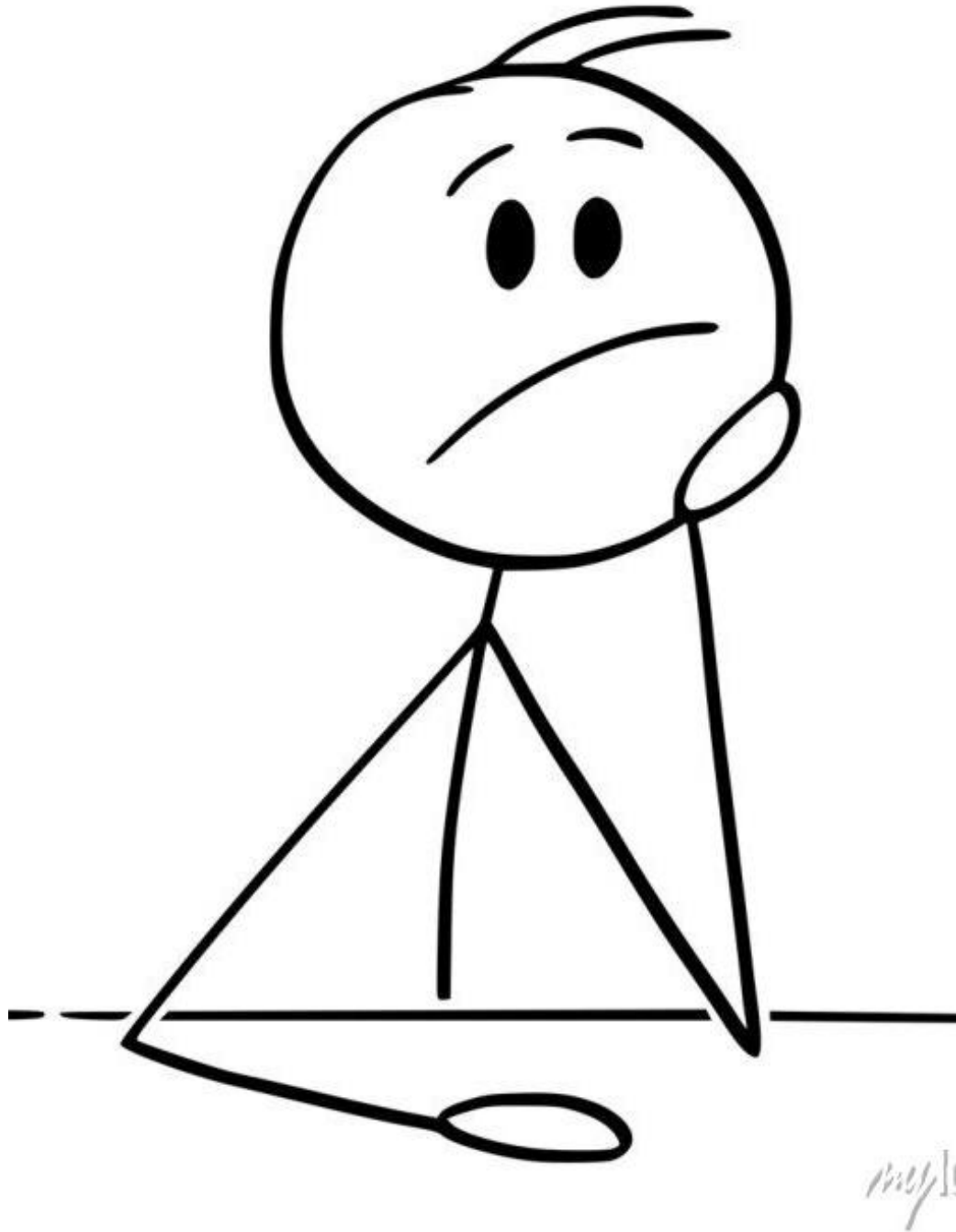
<https://www.youtube.com/watch?v=leHcsFqK7So>

# Breakout 1:

What are some challenges that you might encounter when addressing challenging behaviours in infants and toddlers vs school-aged children?

What are aspects of your own belief system that could impact the way in which you work with families?





What Can We Do?



# Hats



1. Teacher
2. Playmate
3. Comforter
4. Doctor
5. Helper

# The Recipe



1. Position
2. Face-to-Face
3. Eye Contact
4. Mood
5. Responding to their topic of conversation

# Zones of Regulation



## Blue Zone

Sad - Bored  
Tired - Sick



## Green Zone

Happy - Focused  
Calm - Proud



## Yellow Zone

Worried - Frustrated  
Silly - Excited



## Red Zone

Overjoyed/Elated  
Panicked - Angry - Terrified

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# Zones of Regulation

- How to recognize when children/parents are in different zones
- Being in the right zone for the right activity
- Problem solve around what is helpful to get back to green zone

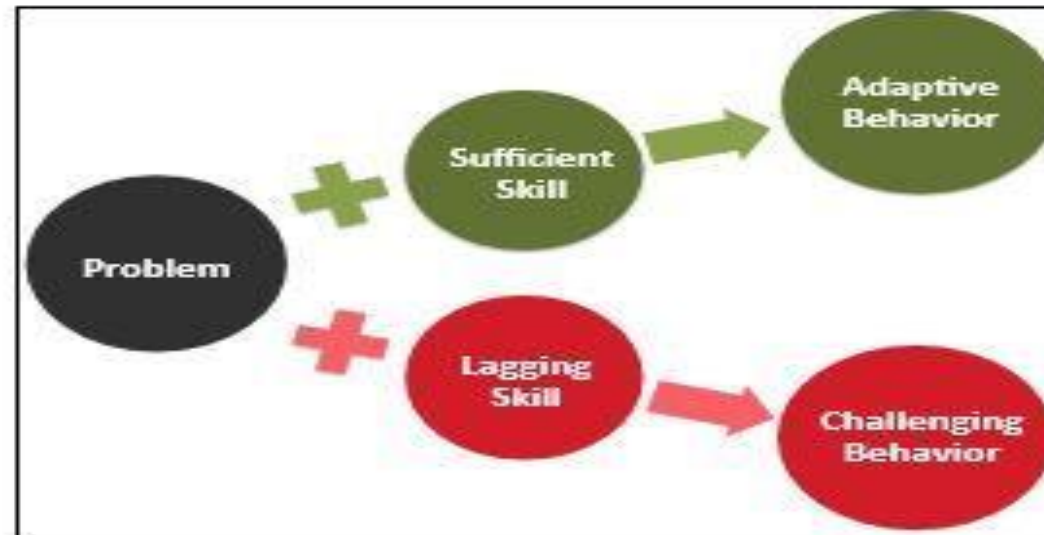
# Collaborative Problem Solving

- Children do well when they can
- When there is a struggle, this is due to a lack of skill, not malicious intent
  - Learn how to address conflicts in a way that reduces challenging behaviours, improves relationships, and teaches critical skills
- Understand why children sometimes struggle to meet day-to-day expectations
- Practice addressing problems before things escalate

# Collaborative Problem Solving

Think:Kids  
RETHINKING CHALLENGING KIDS

**Collaborative Problem Solving  
Assessment and Planning Tool (CPS-APT)**



# CPS – Assessment and Planning Tool

## TRIGGERS

- These are the demands that the person is having a hard time meeting
- They are the triggers, expectations, precipitants, antecedents, situations, or contexts that can lead to challenging behavior

## LAGGING SKILLS

- Lagging skills are the reasons that an individual is having difficulty meeting these expectations or responding adaptively to these triggers
- Take a guess at which specific lagging skills are contributing

## CHALLENGING BEHAVIOURS

- These are the observable, challenging behaviors that often bring up the greatest concerns for caregivers, clinicians, or supervisors
- Examples are yelling, swearing, refusing, hitting, cutting, shutting down, running, lying



# CPS – Thinking Skills Inventory

- Language and communication skills
- Attention and working memory skills
- Emotion and self-regulation skills
- Cognitive flexibility skills
- Social thinking skills

# Collaborative Problem Solving

- Plan B conversation (vs Plan A or Plan C)
- Use empathy to hear the child's perspective
- Non-judgemental wonder, neutral observations
- “and” instead of “but”
- Solution generated works for everyone involved

## Breakout 2:

Consider a family who you see that is managing challenging behaviours. Which concept would you use to support the family initially (hats, recipe, zones, CPS), and how would you introduce it into your work?





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## Supporting Caregivers During Crisis

# Supporting Parents During Crisis

- Build attachment, rapport and trust by validating parent's experience and responding to their needs
- Work on the behaviour preventatively in the “good” moments, instead of during challenging behaviour
- Neither parent nor child will not be able to learn when dysregulated, so learn what helps each of them feel emotionally safe in that moment (e.g. does child need space, likes somebody close by but not touching, does music help? Does parent just need a safe person to talk to, or do they want support with action?)
- What does parent need to “bring their calm”?

# Supporting Parents During Crisis

- **Remind ourselves that some challenging behaviour is “normal” and to be expected**
  - Young children are driven by emotions and it’s our job to teach them not only how to manage emotions (determining the difference between adaptive and maladaptive strategies), but the words to express themselves
  - For older children this is a lagging skill, and not willful disobedience
- **Help parents change their perspective – we cannot make children do anything, but we can change our response to their behaviours**
  - Focus on the parents, not because they are the problem, but because they are the solution

# It's Not About the Nail



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<https://www.youtube.com/watch?v=-4EDhdAHrOg>



# Supporting You

- What are ways to ensure you are in a place to co-regulate with parents?
- Self-compassion
- Supervision, reflective practice
- Reflecting on scope of your role and making use of community resources

# Resources

- [www.counsellingconnect.org](http://www.counsellingconnect.org)
- [www.imhpromotion.ca/Resources](http://www.imhpromotion.ca/Resources)
- [www.zerotothree.org](http://www.zerotothree.org)
- [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)
- [www.thinkkids.org](http://www.thinkkids.org)
- [www.pleo.on.ca](http://www.pleo.on.ca)
- [www.anxietycanada.com](http://www.anxietycanada.com)

Visit our website: [crossroadschildren.ca](https://crossroadschildren.ca)

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# Contact

Natasha So

[nso@crossroadschildren.ca](mailto:nso@crossroadschildren.ca)

613.723.1623 ext. 422