



# Supporting Children & Youth to Emotionally Regulate (to prevent escalation)

Child Health BC Provincial Pediatric Mental Health Education Webinar #3 of 3  
October 27, 2022





## Housekeeping

- Attendees are automatically muted and cameras are turned off
- Please submit questions for the speakers through the “Q&A” function and vote for the questions you want answered
- Please submit technical questions through the “Chat” function
- The webinar will be recorded and the link will be available on the Child Health BC website under Formal Learning



## Next Series of Webinars

- De-escalation
- Debriefing Pediatric Restraint Events
- Crisis Intervention & Safety Planning
- Suicidal Ideation & Self Harm



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## Speakers



*Kyle Taylor, RN  
Clinical Nurse Educator  
BC Children's Hospital*



*Liz Cave, RN  
Child & Youth Specialist  
Vancouver Coastal Involuntary  
Admissions Team  
Member, Vancouver Coastal  
Ethics Committee*



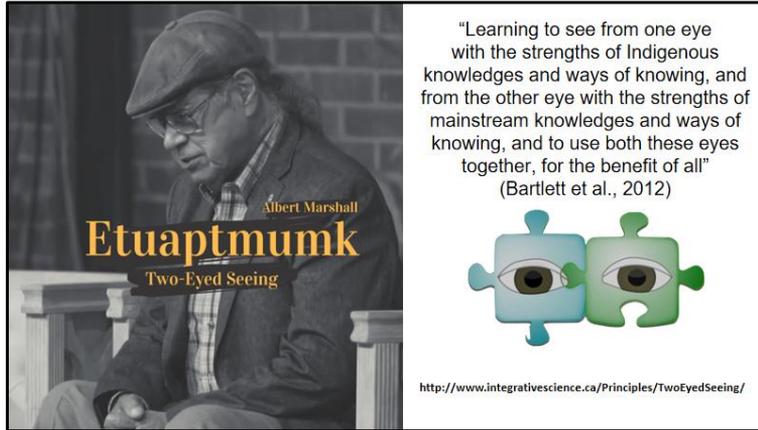
*Dr. Tyler Black, MD, FRCPC  
Child & Adolescent Psychiatrist  
BC Children's Hospital*

## Learning Objectives



- Build on current skills to support children and youth with mental health conditions with emotional regulation--What matters? What lens are you seeing through?
- Review/Learn strategies for how to manage medication refusal
- Review pediatric mental health care planning tools

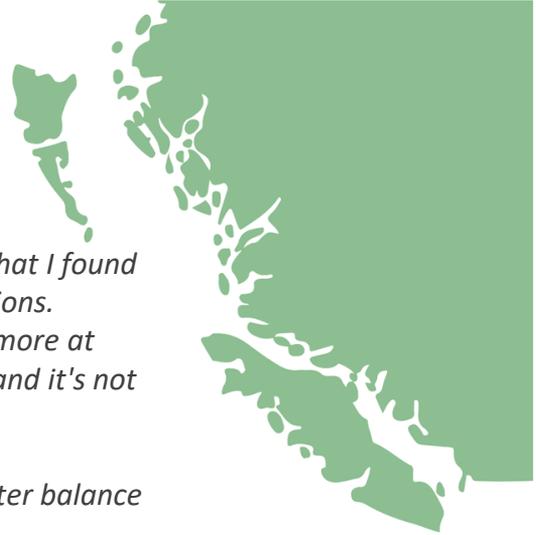
## Two-Eyed Seeing



### Parent Quote:

*Coming into ( ) was very stressful for my autistic son. With each appointment his anxiety would increase, making it very difficult to bring him in for appointments. ....so out of character for him. His intense distress was clearly visible. On his last in-person appointment at the clinic, my son had a horrendous meltdown in the waiting room. He was yelling and using the f-bomb in front of the other children and families in a full waiting room. This was the first time he had ever had a meltdown of this magnitude in public. My husband and I felt helpless to calm him down, and we felt so exposed in front of an audience.*

*He wasn't a child behaving badly, he was a child who's nervous system was sensing a high threat level, and he had gone into a severe fight or flight reaction. We badly needed the services of ( ), but our child did not feel safe in that setting. It is my wish that there is more support for children with neurodiverity such as autism to be able to receive support by the ( ) with accomodations in place to honour their needs and sensitivities.*

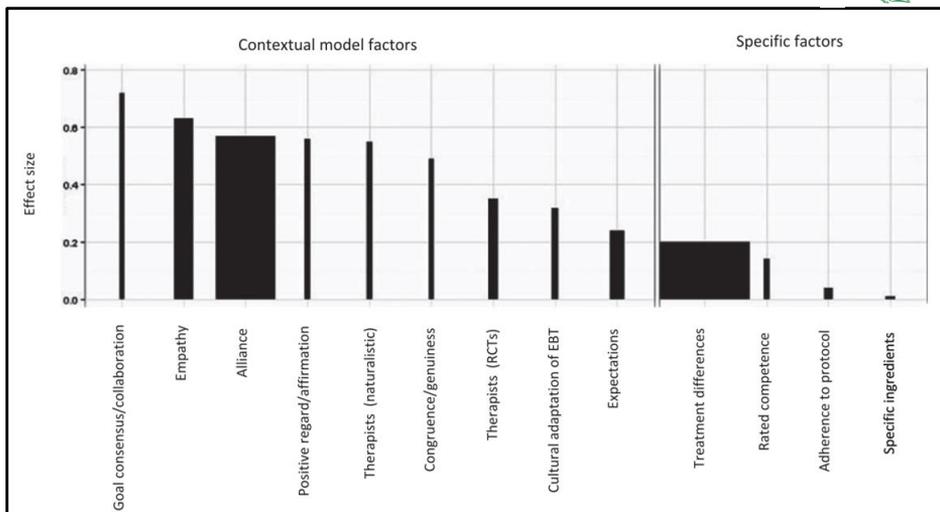


**Youth Quote:**

*In terms of preventing escalation, the main thing that I found to be helpful from others was just making connections. Having more natural conversations made me feel more at ease, and like "ok maybe I can trust these people and it's not just a big lifeless system."*

*Another way of illustrating this is just having a better balance of 'human to human' interactions and 'healthcare professional to patient' conversations.*

**What matters?**



Source: Wampold, B.E. 2015, p. 273.



# What Matters con't?



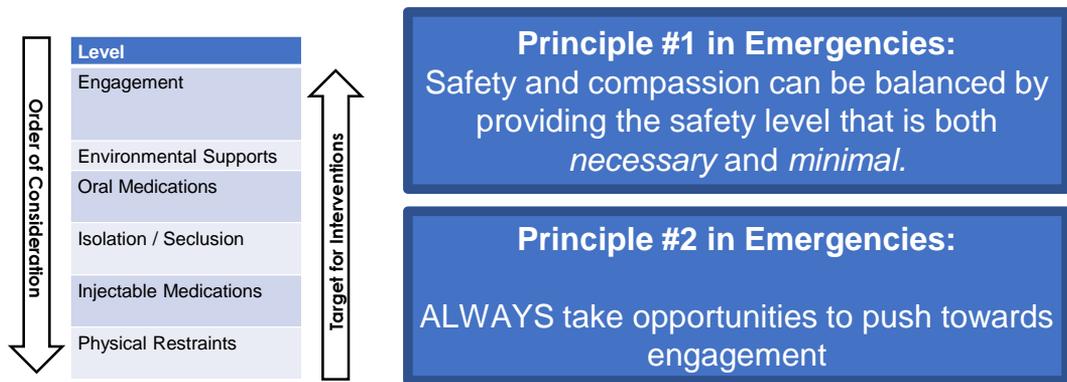
Goal Consensus & Collaboration

Empathy

Alliance



## Example: Hierarchy approach to Aggression

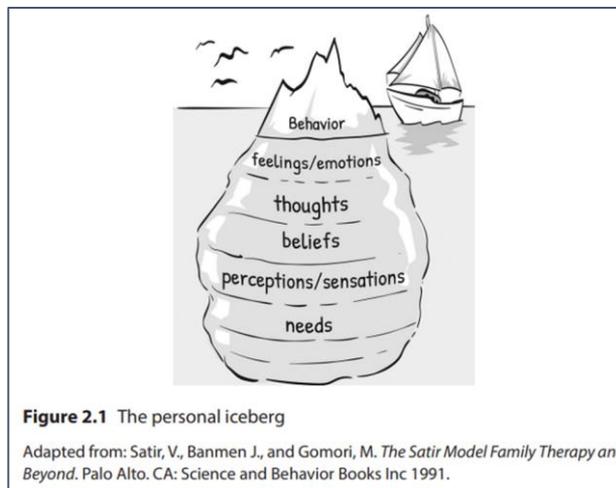


## Blocks to Engagement

- The space of paediatric units is generally oriented to the care of sick bodies
- Paediatric patients with mental health conditions are routinely not triaged as high as patients with physical health concerns
- Paediatric settings that default as medical-surgical units have cultures and expectations that reward a task orientation
- People who work in healthcare are socialized to view themselves as risk mitigators when they work with people with mental health conditions



## Risk Mitigater → Health Promoter



# “What to Say to Kids When Nothing Seems to Work”

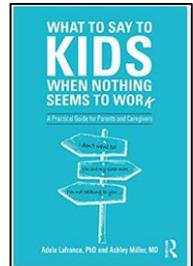


1. Building a bridge that will temporarily take you away from your perspective to the child’s perspective. Tools and strategies include:

- Empathy
- Giving the child the benefit of the doubt: i.e., they are good; they are reasonable
- Knowledge of the child’s history
- Educated guesses
- Reflexivity

2. Putting it into words. Describe in words what you think their point of view might be.

- Validate, validate, validate
- e.g., “It makes sense that you feel that way because..., because..., because...”
- “If I were in your shoes I think I’d feel... because....”



3. Getting Practical



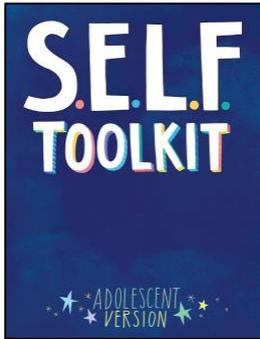
## Empathy

- Empathy is “walking along-side a person.”
- Acknowledging the feelings behind behavior will make the child feel heard.
- A warm and friendly manner, using active listening, appropriate silences for reflection, and a communication of confidence and positive expectation.

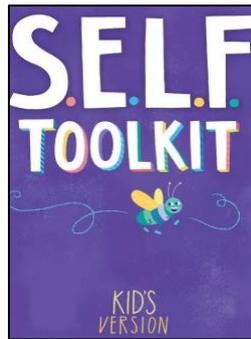




## Tools



Adolescent and Child Version – Stressors, warning signs, coping strategies, safety plan



**HALT** - Hungry, Angry, Lonely, or Tired



## Tools

### Collaborative Problem Solving



**Stubborn, Needy, Bratty, Manipulative**

↓

Make kids do well  
Teach who's boss

**Needing Belonging and Significance**

↓

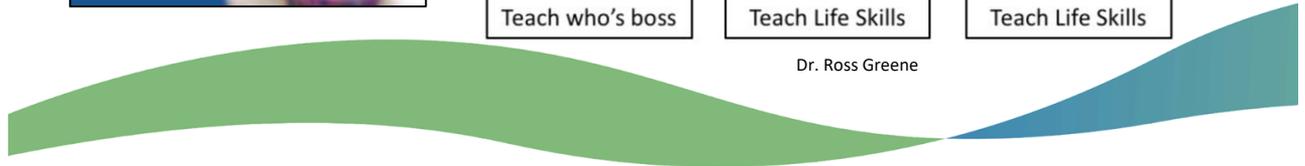
Help kids feel better so they can do better  
Teach Life Skills

**Lagging in Skill Development**

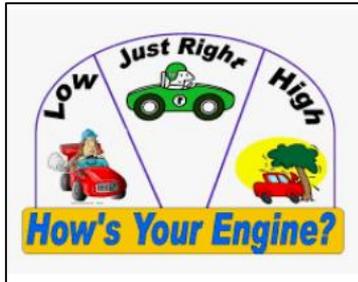
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Help kids build skills they lack/lag  
Teach Life Skills

Dr. Ross Greene



## Tools



**The Alert Program** - When in doubt, do heavy work activities to help engines run just right! Eg pushing, pulling, tugging, towing, and/or carrying heavy objects.



**Zones of Regulation** - Teach us how to regulate our feelings, energy and sensory needs in order to meet the demands of the situation around us and be successful socially.

## Challenging Behaviours Such As Medication Refusal

There are 5 main reasons a child/youth may be behaviourally challenging:

1. To gain access to something (a toy, a drink)
2. To avoid or escape something
3. To gain social attention
4. To sensory stimulation (they like how doing something makes them feel)
5. To have relief from pain or discomfort

Dr. Jen Rhodes, NHA, 2018

## Challenging Behaviours such as colonization

1. History of colonization
  2. Ongoing oppression of holistic traditional medicine
  3. Fear
  4. Lack of trust and relationship
  5. Power and privilege
  6. History of healthcare oppression
- 

## Challenging Behaviours such as being forced to take medication

1. Social norms (“stranger danger”)
  2. Stigma / Discrimination
  3. Medication unpleasant effects
  4. Fear / trust
- 

## Case Discussion



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A 13 year old child refuses to take a PRN of benedryl to settle after having a difficult meeting with their family and the physician to gather more information about what has been happening at home and at school.

## Key Points



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**Engagement & Connection is important in preventing escalation.**

- ✓ Empathy = Validation = Self Esteem = Emotional Resilience (seek to understand)
- ✓ Stop what you're doing, pay attention and listen; be patient, wait until they're finished before speaking
- ✓ Respect the person's story, no judgement
- ✓ Imagine how you would feel if it was you - Ask the powerful and positive question:  
**What would help you feel better?**
- ✓ Acknowledge the feeling behind the behavior
- ✓ You cannot co-regulate with someone if you are not regulated yourself
- ✓ Create a therapeutic milieu/safe environment to allow space, time, connection.

# Future Practice Considerations



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How can we utilize our circle of influence to make the system more equitable and just?

Are we able to change the environment to create safer spaces rather than trying to make the child/youth fit the status quo?

Consider historical factors and the way our current system was designed –does it meet the needs of the children, youth and families we serve today?



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## Resources

[Compass Program Toolkits](#)

[Learning Links](#)

[FamilySmart](#)

## Tools

[ALERT Program](#)

[Collaborative Problem Solving](#)

[HALT](#)

[SELF Toolkit for Adolescents](#)

[SELF Toolkit for Children](#)

[Zones of Regulation](#)



## Thank you

- The slides and recording will be posted on the Child Health BC website
- Please complete the evaluation survey

