

Classroom Responses to Anxiety Regulation and Arousal

*To be used in conjunction with the *Autonomic Nervous System: Precision Regulation* Chart

Ensure you have a “quiet space” in the classroom as well an alternative space external to the classroom, where students may go independently as needed. Make sure the students are aware of these spaces, know how, and when they may access them. Importantly, be sure to follow through (consistently) by allowing the use of these as per your expressed expectations. We want to encourage self-regulation so overuse of spaces is preferred to under use. If you feel a student is using it as an avoidance tactic unrelated to anxiety, take the time to explore this with them, using curiosity to guide your conversation (rather than assumptions).

Keep calm at all times. Do regular body scans of your own body to recognise any signs of your own escalation in response to the young person’s, and as needed, implement your own coping strategies to enable you to remain in the lowest possible arousal state. Do not blame or shame - instead, acknowledge and enable.

Arousal level	Frequency	Immediate actions	Additional actions for when child has returned to low arousal state
Moderate	Rarely	Acknowledge emotions and feelings. Offer options for change of focus to something which feels less threatening. Include the option to use the classroom quiet space and return to you or the class activity when ready. This will aid in empowering the development of self-management.	Have a conversation about what’s going on for them. Discuss emotions, feelings, behaviour, expectations and coping strategies that can be used. If escalation is witnessed, stop the conversation and utilise immediate action
	Sometimes	Acknowledge emotions and feelings. Offer options for change of focus to something which feels less threatening. Include the	When in a low arousal state, have a conversation about emotions, feelings, behaviour and coping strategies that could be

		<p>option to use the classroom quiet space and return to you or the class activity when ready.</p> <p>If young person is willing, use Nervana or DreamPad.</p>	<p>used. If escalation is witnessed, stop the conversation and repeat the above step.</p> <p>Develop a planned approach to supporting the young person to develop their awareness, understanding, and coping strategies. Consider a whole class approach so as not to isolate the student. Other students are bound to benefit too.</p>
	Often	<p>Acknowledge emotions and feelings. Offer options for change of focus to something which feels less threatening. Include the option to use the classroom quiet space and return to you or the class activity when ready. This will aid in empowering the development of self-management.</p> <p>If young person is willing, use Nervana or DreamPad.</p>	<p>When in a low arousal state, have a conversation about what's going on for them. Discuss emotions, feelings, behaviour and coping strategies that could be used. If escalation is witnessed, stop the conversation and repeat the above step.</p> <p>Map behaviour to identify potential triggers. Make accommodations and alter the classroom environment to reduce/eliminate triggers and create a safe-haven with known expectations and options. You will likely need another pair of hands and eyes for this process; a teacher aide or another teacher.</p> <p>Put in an RTLB referral to access specialist knowledge and expertise.</p> <p>Develop a planned approach to supporting the young person to develop their awareness, understanding, and coping strategies. Consider a whole class approach so as not to</p>

			isolate the student. Other students are bound to benefit too.
High	Rarely	<p>Be aware that the cognitive brain is fairly well disengaged at this point. Ensure the path for the student to be able to exit the room is kept clear. Remain in full view of the student, avoiding their peripheral as the later is a threat detection mechanism. Keep verbal communication to a minimum and use a low tone and slow pace if speaking is necessary to help avoid further escalation. If the young person looks open enough to hear you, briefly acknowledge the emotions and feelings you recognise. Offer the option for taking space, then stop talking to or at the student, and remove yourself and other students from the immediate vicinity. This follows the MoE's Non-Violent Intervention Protocol.</p> <p>When the young person is cognitively able to think more clearly, and then if willing, they can access the Nervana or DreamPad to use.</p>	<p>When in a low arousal state, have a conversation about what's going on for them. Discuss emotions, feelings, behaviour, and coping strategies that could be used. If escalation is witnessed, stop the conversation and repeat the above step.</p> <p>If the context triggering the response is a crisis situation, what other agencies might be useful?</p> <p>Otherwise, map behaviour to identify potential triggers. Make accommodations and alter the classroom environment to reduce/eliminate triggers and create a safe-haven with known expectations and options. You will likely need another pair of hands and eyes for this process; a teacher aide or another teacher.</p> <p>Develop a planned approach to supporting the young person to develop their awareness, understanding, and coping strategies. Consider a whole class approach so as not to isolate the student. Other students are bound to benefit too.</p>
	Sometimes	Be aware that the cognitive brain is fairly	You can attempt to have a conversation

		<p>well disengaged at this point. Ensure the path for the student to be able to exit the room is kept clear. Remain in full view of the student, avoiding their peripheral as the later is a threat detection mechanism. Keep verbal communication to a minimum and use a low tone and slow pace if speaking is necessary to help avoid further escalation. If the young person looks open enough to hear you, briefly acknowledge the emotions and feelings you recognise.</p> <p>Offer the option for taking space, then stop talking to/at the student and remove yourself and other students from the immediate vicinity. This follows the MoE's Non-Violent Intervention Protocol.</p> <p>When the young person is cognitively able to think more clearly, and then if willing, they can access the Nervana or DreamPad to use.</p>	<p>about emotions, feelings, behaviour and coping strategies that could be used when the student is in a low arousal state. However, it is possible that the student may escalate with any attempt to communicate about their experiences as it can put their body back into a highly alert state as if they were back in a prior situation with a perceived threat. If any signs of escalation are witnessed, stop the conversation. This an indicator of trauma but is not necessarily indicative of child abuse; rather a heightened anxiety response in reaction to ongoing exposures to perceived threat.</p> <p>Map behaviour to identify potential triggers. Make accommodations and alter the classroom environment to reduce/eliminate triggers and create a safe-haven with known expectations and options. You will likely need another pair of hands and eyes for this process; a teacher aide or another teacher.</p> <p>Put in an RTLB referral to access specialist knowledge and expertise.</p> <p>Refer for Special Education support from the MoE.</p> <p>Develop a planned approach to supporting the young person to develop their awareness, understanding, and coping strategies.</p>
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	Often	<p>Be aware that the cognitive brain is fairly well disengaged at this point. Ensure the path for the student to be able to exit the room is kept clear. Remain in full view of the student, avoiding their peripheral as the later is a threat detection mechanism. Keep verbal communication to a minimum and use a low tone and slow pace if speaking is necessary to help avoid further escalation. If the young person looks open enough to hear you, briefly acknowledge the emotions and feelings you recognise.</p> <p>Offer the option for taking space, then stop talking to/at the student and remove yourself and other students from the immediate vicinity. This follows the MoE's Non-Violent Intervention Protocol.</p> <p>When the young person is cognitively able to</p>	<p>You can attempt to have a conversation about emotions, feelings, behaviour and coping strategies that could be used when the student is in a low arousal state. However, it is possible that the student may escalate with any attempt to communicate about their experiences as it can put their body back into a highly alert state as if they were back in a prior situation with a perceived threat. If any signs of escalation are witnessed, stop the conversation. This an indicator of trauma but is not necessarily indicative of child abuse; rather a heightened anxiety response in reaction to ongoing exposures to perceived threat.</p> <p>Refer for Special Education support from the MoE.</p>

		<p>think more clearly, and then if willing, they can access the Nervana or DreamPad to use.</p>	<p>Request Crisis Intervention funding to access Teacher Aide hours for one-to-one support.</p> <p>Refer to Child and Adolescent Mental Health.</p> <p>Might the involvement of any other agencies be helpful in this student's context?</p> <p>If young person is willing:</p> <ul style="list-style-type: none"> • Use Safe and Sound Protocol - follow directions and only use when in low arousal state. • Ongoing use of Nervana or DreamPad when in low, moderate or high arousal states as per instructions.
<p>Extreme Overload</p>	<p>Rarely</p>	<p>Stop. Don't talk to or at the student. Walk away and give the young person their space. Any engagement will likely result in an escalation of behaviour. Remove other students from the learning space. Do not return until the student has de-escalated to a moderate arousal state. This follows the MoE's Non-Violent Intervention Protocol. This student is fully in their survival brain and no longer able to process at a cognitive level.</p> <p>Once in <u>moderate arousal state</u>, you can communicate, in brief, to offer a quiet space and state that they can come back if/when</p>	<p>When in a low arousal state, have a conversation about what's going on for them. Discuss emotions, feelings, behaviour, and coping strategies that could be used. If escalation is witnessed, stop the conversation and repeat the above step.</p> <p>Consider a referral for Special Education support from the MoE. If the context triggering the response is a crisis situation, what other school resources or external agencies might be useful?</p> <p>If young person is willing:</p> <ul style="list-style-type: none"> • Use Safe and Sound Protocol - follow

		<p>they are ready to join in again. Do not continue to talk to them. Leave them to cool off and return to a <u>low arousal state</u> before communicating further.</p> <p>When the young person is cognitively able to think more clearly, and then if willing, they can access the Nervana or DreamPad to use.</p>	<p>directions and only use when in low arousal state.</p> <ul style="list-style-type: none"> • Ongoing use of Nervana or DreamPad when in low, moderate or high arousal states as per instructions.
	Sometimes	<p>Stop. Don't talk to or at the student. Walk away and give the young person their space. Any engagement will likely result in an escalation of behaviour. Remove other students from the learning space. Do not return until the student has de-escalated to a <u>moderate arousal state</u>. This follows the MoE's Non-Violent Intervention Protocol. This student is fully in their survival brain and no longer able to process at a cognitive level.</p> <p>Once in <u>moderate arousal state</u>, you can communicate, in brief, to offer a quiet space and state that they can come back if/when they are ready to join in again. Do not continue to talk to them. Leave them to cool off and return to a <u>low arousal state</u> before communicating further.</p> <p>When the young person is cognitively able to think more clearly, and then if willing, they</p>	<p>You can attempt to have a conversation about emotions, feelings, behaviour and coping strategies that could be used when the student is in a low arousal state. However, it is likely that many individuals who experience intense responses to anxiety this often, will escalate with any attempt to communicate about their experiences as it puts their body back into a highly alert state as if they were back in that situation with a perceived threat. If any signs of escalation are witnessed, stop the conversation. This an indicator of trauma but is not necessarily indicative of child abuse; rather a heightened anxiety response in reaction to ongoing exposures to perceived threat.</p> <p>Refer for Special Education support from the MoE.</p> <p>Refer to Child and Adolescent Mental Health.</p>

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