

Emotional coaching: featuring emotional first aid and the Life Space Interview

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The emotional development of children is a fluid process in which every member of the community is involved. We all provide sample behaviours for them to consider when facing emotional crises. Their choices reflect the social environments in which they live and the inherited factors that 'hardwire' their neurological make-up. For some children, prosocial responses will have to be specifically taught and modelled, and opportunities for guided practice will be needed. Adults are able to act as coaches for emotional development, teaching and modeling skills and helping children set and reach personal goals. This article presents a view of the emotional development of children and provides a framework for coaching children that uses emotional first aid and the Life Space Interview.

1. UNDERSTANDING EMOTIONAL DEVELOPMENT

Children learn about emotion from watching the models in their social world and through play with peers

(Connolly et al, 1988). Families and schools have an important role to play in modelling a positive range of responses to emotional crises. The culture or climate of the child's home and school is reflected in their emotional control, along with the hereditary factors influencing individual temperament and personality. Adults are in a position to 'scaffold' children's intellectual, physical, social and emotional growth through the words and resources provided to children in their immediate environment (Vygotsky 1976, 1986). The language (words) used by adults becomes the basis for a child's thought construction and belief systems that are used when resolving future problems. For most children, this complex interplay of heredity, modelling and learning leads to the adoption of prosocial skills and effective self-management when dealing with emotional crises. For yet other children, explicit teaching, direct modelling, guided practice and social reinforcement will be necessary (Goldstein et al, 1998, Bandura 1986). Skills as basic as sitting still, listening, taking turns, sharing, speaking politely, dealing with frustration, etc will need to be taught in a structured way, with opportunities for modelling, guided practice and reinforcement.

While the reasons for children acquiring antisocial skills are unclear, research into aggression identifies a variety of traits (Bower, 1998) including: impulsivity, inattention, hyperactivity, anxiousness, depression, low self-esteem, inappropriately high self-esteem, troubled relationships with parents and perception of hostile intent in other people's neutral statements. In a review of literature on female aggression, Leschied

and Cummings (2000) point out the factors involved with aggression in girls and the differences between aggressive boys and girls. Their findings include:

- Boys typically use physical or direct aggression while girls tend to use social or indirect aggression
 - insults, verbal threats
- Aggression in boys reduces by half after adolescence and for girls, about eight percent remained violent after adolescence
- By age 11, aggressive girls use conscious manipulation such as spreading gossip and become more physically aggressive
- Aggressiveness is higher in girls who are chronically absent from school
- Girls who experience social rejection in school are also likely to become aggressive
- Aggressive girls tend to come from families with weak parent-child attachments, frequent quarrels

While research into the causes of aggressive behaviour remains unclear, it provides support for both the

‘nurture’ and ‘nature’ debates. Goleman (1995) reports that brutality and cruelty to children leaves a clear mark on children’s brain chemistry. Abused children are often quick to anger and typically have low levels of serotonin, a neurotransmitter that inhibits aggression. Likewise, McBurnett (2000) recently discovered low levels of cortisol in boys identified as being aggressive. Werbach (1995) identifies a range of nutritional deficiencies and exposure to heavy metals as contributors to aggressive behaviour. Deficiencies in thiamine, magnesium, niacin, vitamin B6, vitamin C, iron and some amino acids have been identified as well as exposure to cadmium, lead and other heavy metals.

Aggressiveness presents schools, parents and carers with a difficult situation. While aggressive and violent behaviours may be an adaptive response to abusive situations, schools cannot condone behaviours like bullying, taunting, fighting and angry outbursts. Furthermore, recent strengthening of Occupational Health and Safety policies demand that risk assessment and management strategies are in place. Schools need to find non-punitive ways to help aggressive children change their behaviour. Eco-systemic approaches are needed that examine the culture and climate of a school and that provide proactive and targeted responses, as well as seeking assistance from medical and community services where necessary (Hromek, 2004). Modelling of respectful interactions, avoiding humiliation and shame and providing opportunities for restitution and skill development are required. Schools can play a role in enhancing the resilience of children exposed to adverse risk factors. At the same time, communities have a role to play in eliminating child abuse and providing opportunities for children and adolescents to engage in prosocial activities. A range of successful interventions include:

- direct teaching of social skills, anger control strategies and moral reasoning (Goldstein 1998)
- talking therapies for defusing a crisis – Life Space Interview (Redl 1966, Wood & Long 1991)

- allowing time and space for cooling off, anticipating problem situations (Greene 2001)
- coordinating interventions by parents, teachers, other children, therapists – across different settings
(Stoolmiller 2000).

2. EMOTIONAL RESILIENCE

Emotional resilience relies on the internal and external adjustments we make when adapting to adversity and change. Children develop emotional resilience when they have a network of supportive adults and a repertoire of adaptive personal skills to call upon. Research into protective factors reveals a range of personal, family, peer and adult supports (Butler, 1997; Hawley & DeHaan, 1996; Walsh, 1996). A protective social network for example, guards a child against victimisation or the ill effects of a learning difficulty, while targeted skill development gives children the tools to manage adversity and succeed.

Personal or intrinsic protective factors include:

- pleasant temperament
- social intelligence
- sense of belonging
- sense of self-efficacy
- high intelligence
- a gift or talent
- work success as an adolescent

Protective family factors include:

- at least one warm relationship with a parent
- a sense of belonging and connection
- having qualities the family values

Peer and adult support that is protective of children includes:

- positive early school experiences
- connection to school
- achievement of academic goals
- positive relationship with someone who believes in them

Positive relationships create a sense of belonging and a secure base from which children deal with the challenges of life. For some children from chaotic backgrounds this role is filled by a teacher, mentor, coach or some other member of the community. Long-term, positive involvement with the adults around

them help develop a child's sense of identity. Children need positive adult role models to help them develop their 'honourable' or ideal self. Social dilemmas and emotional crises can be discussed to clarify values and promote moral development, encouraging growth as responsible citizens of the world. Skills like social and emotional intelligence, academic ability and positive habits of thinking can be taught to children to help develop a positive sense of self. Teachers have a direct role to play in this process of 'skilling' children for the challenges they will meet throughout life. Blum (2000) emphasises the importance of actively creating opportunities for children to practise and develop leadership qualities, mediation skills, decision-making, humanitarian activities, responsibilities, adventures, fun, recreation, academic achievement, talent development. Adults need to make sure they create environments in which children succeed and develop emotional resilience, eg, provide flexible assessment of student outcomes, set up peer programs, incorporate adventure, engage in environmental and humanitarian activities like cleaning up the environment, or visit a nursing home.

3. EMOTIONAL COACHING

Children with ongoing emotional difficulties will generally benefit from having an emotional coach. For some children, emotional control is tricky and any perceived slight is met with furious, sometimes physical defense. For reasons to do with the nurture of the child or inherited characteristics, a pattern of maladaptive responses is set up - aggressive and passive - and these children need help when the flood of emotion happens. Physiology kicks in and emotional first aid is required. Emotional coaches can mediate between the child and the crisis. By applying emotional first aid and following the steps of a Life Space Interview, (LSI) coaches can help children gain emotional control and then engage them in a problem solving process. Values, consequences, restitution and emotional control are explored with the child with a view to resolving the crisis without the crippling effect of shame or blame.

Emotional coaches

Coaches should come from a child's social environment and can be parents, teachers, aides, counsellors, principals, game leaders. The more people acting as prosocial models for a child, the better the outcome. Coaches are emotionally intelligent adults who believe in the importance of relationship and are dependable, persistent and respectful role models in the child's world. An emotional coach understands the physiological nature of emotion and has a repertoire of adaptive skills to model to children when dealing with emotion. They are aware of the emotional states of children and are skilled in noting physical and cognitive symptoms of emotional distress. They are also keenly aware of their own emotional states and know how to manage their feelings. They use strategies such as reflective listening and calming scripts to help children process emotion and apply emotional first aid as needed. Coaches decide when a child is

ready to engage in problem solving by observing their physical and cognitive reactions and lead them in a non-judgemental and encouraging manner towards resolution. They use the steps of a Life Space Interview to guide children through the problem solving process, making sure that opportunities for restitution are provided. Coaches in turn will need ongoing support and training in the coaching process and the nature of emotional states and applying emotional first aid. They may also need someone to debrief with on a regular basis, eg, the school counsellor, other pastoral care teachers.

The clients (students)

While it is true that the emotional damage that some children have experienced limits their prospects for

‘ultimate’ emotional control, most children will benefit in some way from the coaching experience. The basic requirements for a child to benefit from coaching include:

- being committed to meeting with their coach
- the ability to listen
- a basic understanding of words
- ability to reason ability to describe things
- agree to do their best
- willingness to create goals with the coach

The coaching process

Coaching is a future oriented process where the coach and client (child) work together to develop a plan to reach goals identified by the child as being important for their wellbeing. Coaching provides a focus and structure within which the child’s performance, self-beliefs and challenges are explored. It is a transformational process that relies on the following:

- positive communication – a reflective, conversational style
- encouraging, non-disciplinarian relationship
- a medium to long-term relationship – one or two semesters
- strengths based, collaborative approach
- solution focused – focus is on problem solving, not so much on why behaviour occurs
- involvement of parents, teachers and other adults in supporting the students ‘plan’
- reflection on progress - collection of data and reports from home, school and the community
- celebration and broadcasting of success – parents, teachers, others
- development of moral reasoning through situational analysis

Emotional coaching applies these processes specifically to the area of emotional control and management. Coaches meet with their students for about half an hour per week to identifying functional coping mechanisms, explore a range of alternatives to aggression and develop an anger management plan. They look for opportunities to expand children's social and emotional skills. While empathising with children's feelings and motives, they support the limits placed around their behaviour, allowing natural and logical consequences to occur. Coaching sessions cover the following areas:

- Teaching about the body's physiological responses to emotion
- Identification of their body's early warning signals, for example, tight fists, chest, shoulders or throat, feelings in the stomach, legs or head
- Determine 'fuse-length' - ie, how long between when they first feel anger (in their fist, chest, head, shoulders, etc.) and when they are no longer able to think straight and become aggressive.
- Identify the child's strengths and the emotional control strategies that work for them
- Teach a range of anger management skills, including physical, thinking, communication and life style skills
- Set goals for emotional and behavioural control
- Discuss the range of consequences for not developing emotional control
- Use socio-emotional skill development programs and therapeutic games to practice skills, eg, 'Talk Sense to Yourself' (Wragg), Stop Think Do (Petersen), Theragames (Hromek, 2004)
- When emotional crises occur - apply emotional first aid and then use a Life Space Interview
- Review progress regularly - obtain accurate feed-back about how the child is going in other settings
 - reset goals, reinforce success with rewards – awards, stickers, specific verbal praise
- Work with parents, carers and teachers - inform them about the anger control strategies being used and the child's successes
- Create optimism through recognition of success - encourage persistence

4. EMOTIONAL FIRST AID

Emotional first aid recognises that emotions are based on physiological reactions involving neuropeptides in the body. As such, they have a course to run, sometimes taking up to 20 minutes to dissipate. By observing the child's state, an assessment of emotional control may be made and steps taken to help stabilize their responses. When the following symptoms are observed, a calming response is needed until the child is calm enough to enter the problem solving phase:

Physical symptoms

red, sweaty face

Cognitive symptoms

shouting

short breath
wide eyes, frowning looks
words

swearing
angry

agitated and aggressive actions

irrational thinking

Emotional first aid uses strategies that allow time and space for this calming process to occur while encouraging positive self talk and using reflective listening to engage the child.

Examples of calming responses include:

Physical responses

- Water helps cool the child while the time taken and physical exertion required help calm physiological responses.
- Taking a walk helps deal with the physiological response as well as allowing time to pass
- Controlled, even breathing helps maintain the oxygen – carbon dioxide balance and reduce feelings of panic. Count 1, 2, 3, in – 1, 2, 3, out. The pattern of breathing can be changed so long as the in and out breaths are of equal value. Counting breaths also has a meditative effect on thoughts.
- Some children appreciate being left alone for a while to calm themselves

Cognitive scripts

- Calming self-talk can help children settle. Use scripts such as ‘Don’t worry about it’, ‘Take it easy’,
‘Calm down’.
- Confident self-talk can remind children that they can solve problems, eg, ‘You can work this out’,
‘It will be

ok’. Reflective

listening

- Say back the content of what the child says
- Say what you think the child is feeling
- Show that you understand the child’s point of view

As children calm down, they start to use more rational words to talk about their experience. Physical symptoms reduce and agitated activity calms down. By being keen observers, emotional coaches assess whether children have sufficient emotional control to engage in the steps of a life space interview. At times during the interview it may be necessary again to apply the strategies of emotional first aid as the child copes with the issues that are raised.

5. THE LIFE SPACE OR CRISIS INTERVIEW

The Life Space Interview (LSI) is a verbal technique for working with children in crisis. LSI is a therapeutic, verbal strategy that uses a child's reactions to an emotional crisis to expand their understanding of their behaviour and the responses of others. The adult or emotional coach assists in decoding the feelings behind actions and in identifying issues central to the conflict. Children are supported in problem-solving and in choosing alternative behaviours. By using reflective listening techniques, the facts are obtained, and values and motives are explored. Therapeutic goals are established and consequences, restitution and future responses are addressed. When children become emotional, it is often in response to some incursion into their sense of fairness or honour. They may not have the skills to see the situation from the point of view of other children, but their own responses are often based on a firmly held sense of justice or fairness. By exploring these values with the child, emotional coaches help them develop a sense of trust in adults who listen to them and can see their point of view. When a child's values and motives are acknowledged, a sense of relief is experienced and they are in a better space psychologically to enter the problem solving phase of the interview. The steps of a LSI adapted for emotional coaching include the following:

1. Assess the **emotional state** of the child and apply emotional first aid if needed. Identify and empathise with the child's **emotions**. Use reflective listening to help dissipate emotion and help the child develop the language surrounding emotion.
2. Focus on the **incident**. Gather facts including the child's point of view. Use reflective listening to maintain rapport.
3. Identify **motives** and **values** behind the child's actions. This important step demonstrates a deeper level of understanding by the adult and releases the child from guilt and punishment cycles of thinking.
4. Identify **central issues** to help decide on therapeutic **goals**.
5. **Problem solving** phase - explore **options** for solutions and **restitution** - prepare to handle consequences.
6. Rehearse solutions and prepare to re-enter the activity.

Restitution

Restitution refers to the process whereby children take responsibility for their actions by acknowledging the harm caused to others and by finding a way of repairing any damage to property or relationship. Restitution is an important way to build relationships and improve children's self-concept. When there is a chance to make amends, children are able to develop empathy for the target and can develop a view of themselves as someone who is able to think about problems and come up with solutions. This face-saving device releases the child from the futile grip of guilt, giving them the psychological space to understand the repercussions of their actions. Children are encouraged, not forced to engage in acts of restitution and can choose what to do in consultation with the target, if deemed appropriate. Acts as simple as apologising are acceptable, as

are offers of help to fix things, written letters of apology, agreeing to attend targeted programmes, stopping other children from teasing, seeking help for their interpersonal problems.

While the response to violence and aggression must be immediate, moderate and connect logically or naturally to the incident, it should also meet the socio-emotional development needs of the child. For example, when children act violently in the playground, immediate withdrawal allows them to calm down and ensures the safety of others and is a logical consequence. Referral to a remedial programme to learn alternatives to aggression is also logical. Care must be taken to avoid punishments since they generally lead to cycles of resentment and revenge. Children need more guided practice of the skills they are learning rather than lengthy isolation from the playground and their peers.

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I have been reworking these ideas into a book called 'emotional coaching:' due to be published 2006 through Lucky Duck and Sage - I'm including therapeutic boardgames and reflection sheets to help cover emotional issues like relationships, resilience to teasing, anger management, anxiety, coping, authentic happiness and success at school

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