REFRAMING STUDENT BEHAVIOR:
A NeuroRelational Approach to Addressing Stress and Trauma In Schools

Jacquelyn Christensen, Ph.D.

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NATIONAL SCHOOL-BASED HEALTH CARE CONFERENCE

SESSION E4

Continuing Education Credits

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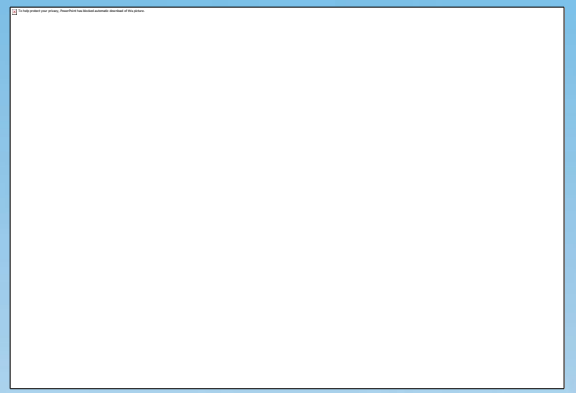

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Please complete the survey and claim your post-session certificate on the Weitzman Education Platform after today's session. **Please note:** Pharmacists must claim credits within two week's following today's session or we will not be able to award ACPE credits.

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Objective

Participants will be able to:

- Identify behavioral indicators of stress and toxic stress patterns, utilize neutral language to reframe student behaviors as stress responses, and apply healing-centered strategies to foster authentic connections and support student well-being.

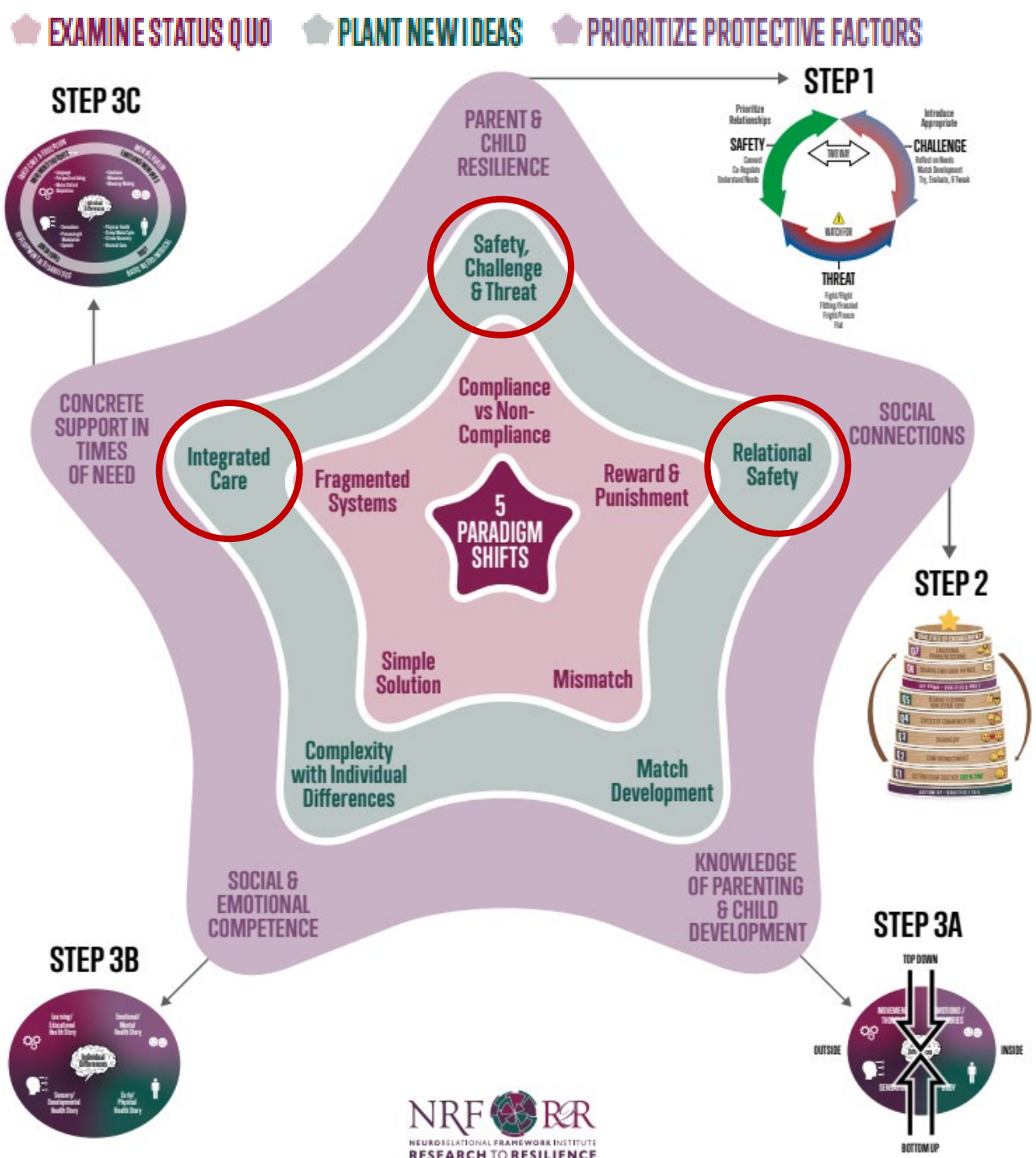
Words often used to describe "challenging" behaviors:

- Acting out
- Aggressive
- Annoying
- Attention-Seeking
- Avoidant
- Defiant
- Disruptive
- Distracting
- Disengaged
- Impulsive
- Lacking Motivation
- Malicious
- Manipulative
- Non-compliant
- Oppositional
- Out of control
- Resistant
- Runner
- Sneaky
- Uncontrollable
- Violent
- Willful

Delahooke & Lillas, 2014; Kaiser & Raminsky, 2003

Paradigm Shifts in Thinking about Behavior

via NeuroRelational Framework (NRF)



PARADIGM SHIFTS

Status Quo		Reframe to New Ideas
Compliance / Non-compliance	→	Safety, challenge, threat
Reward & punishment	→	Relational safety
Fragmented systems	→	Integrated care

Need a common language and shared approach to support healing-centered care that is relational, neurodevelopmentally-informed, and encompasses the whole child (and their context).

NeuroRelational Framework (NRF): Building Resilient Brain Architecture

3 Step 3: Assess individual differences (FOUR BRAIN SYSTEMS)

2 Step 2: Assess relationship quality (SOCIAL EMOTIONAL MILESTONES)

1 Step 1: Assess states of arousal & sleep capacity (ZONES!!)

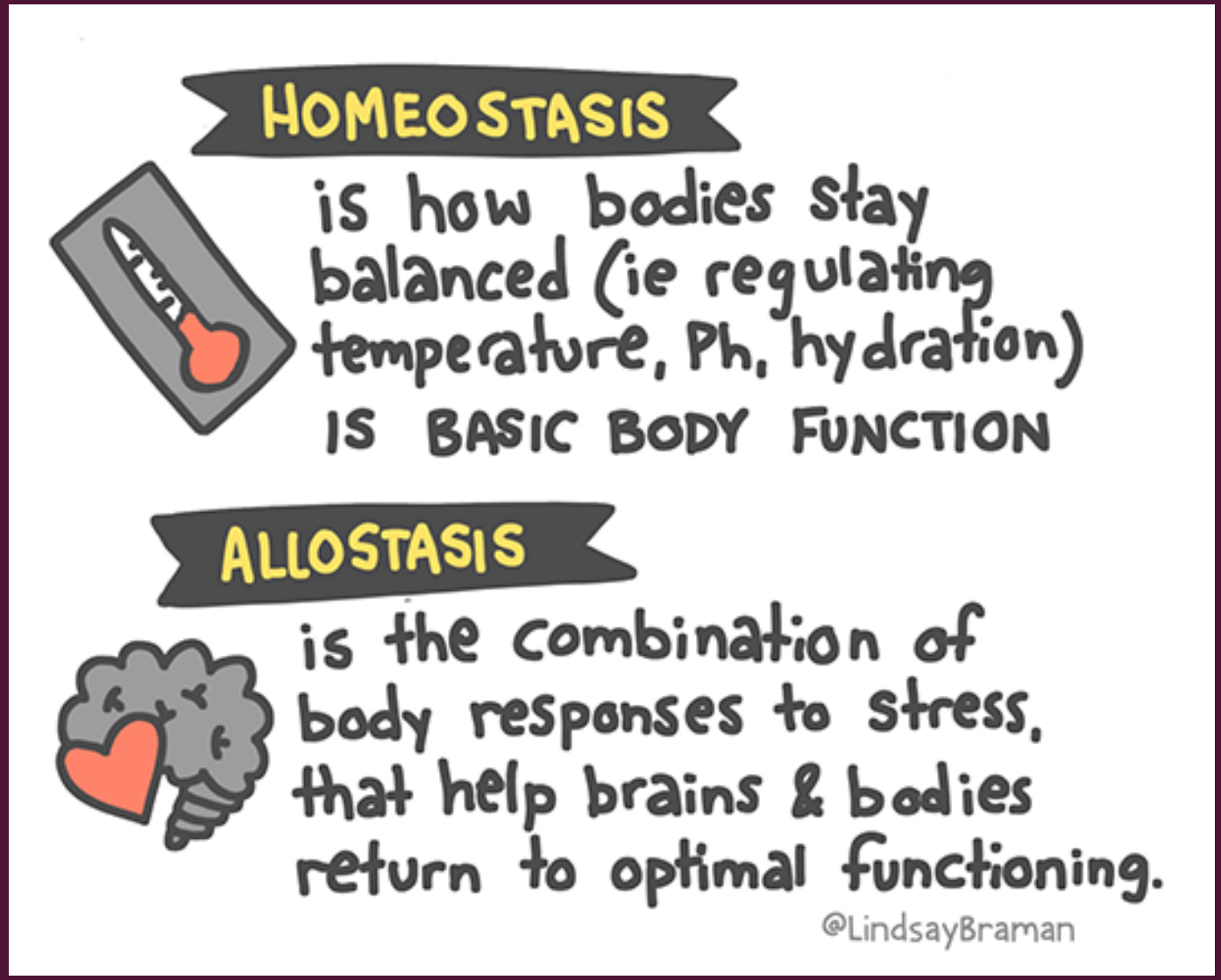
NRF R&R NEURORELATIONAL FRAMEWORK INSTITUTE RESEARCH TO RESILIENCE

(Lillas & Turnbull, 2009; Lillas, 2014)

Step 1: What is Happening in the Body?

- Sleep-Wake Cycle
- Autonomic Nervous System
- HPA-Axis

- Stress is healthy & adaptive… until it is not.
- Allostatic load (aka – Toxic Stress)



Identifying Arousal States

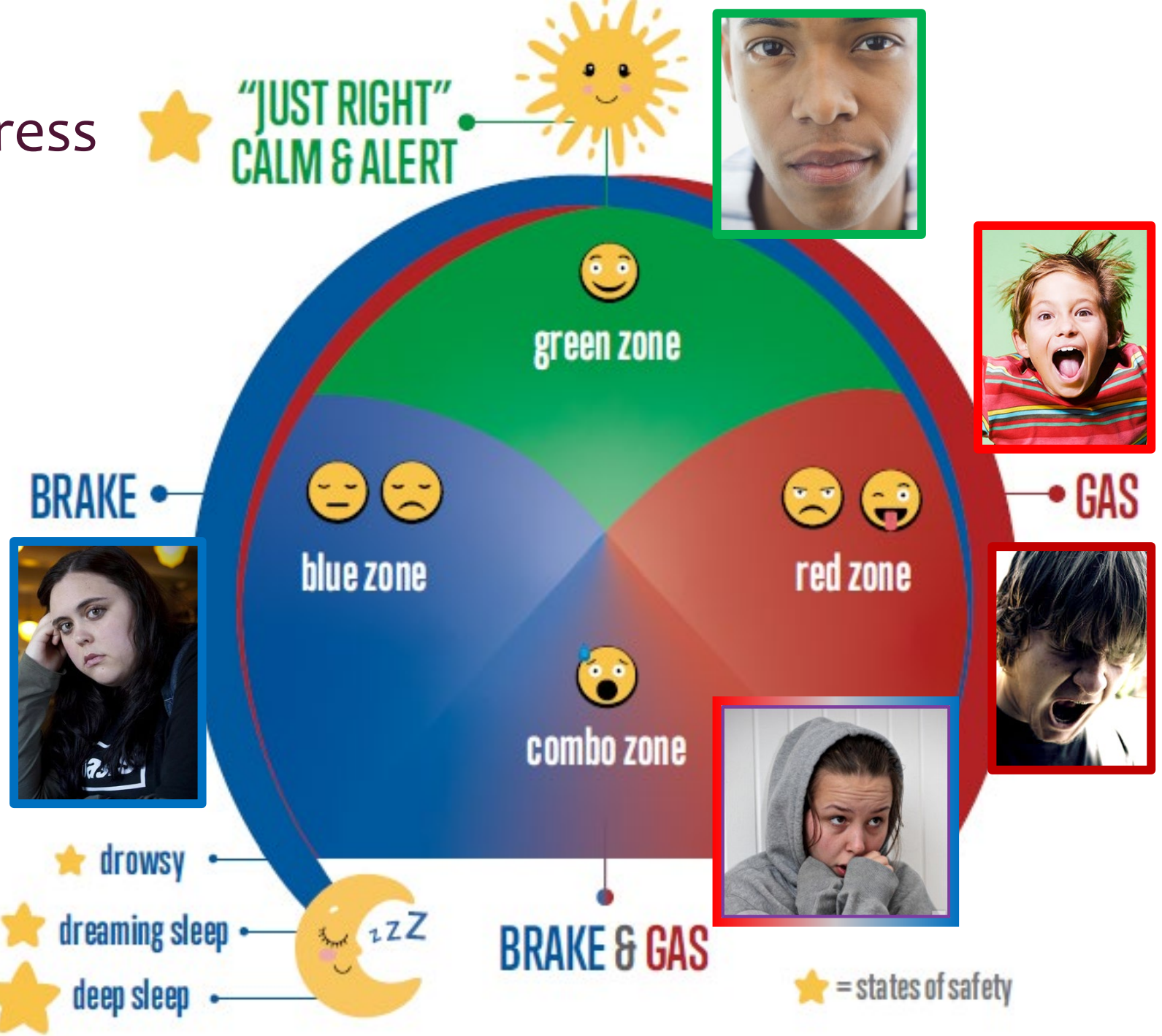
Identifying biobehavioral markers of arousal states can support noticing patterns in individual differences in stress responses.

Observe the following areas:

- Eyes
- Facial Expression
- Voice
- Body posture / Gestures
- Rhythm/Rate of Movement
- Rhythm/Rate of Breathing

Arousal States & Toxic Stress

- **SAFETY** = **GREEN** (and sleep)
- **Challenge & threat** → shift to other zones (red, blue, combo)
- *All Zones are normal and healthy*



Safety, Challenge, and Threat

- **Safety** – calm, alert
  - Connection, co-regulation
- **Challenge** - Stress response (healthy)
  - Match developmental needs
  - Reduce demands
  - Reflect on needs
- **Threat** - Stress response (toxic)

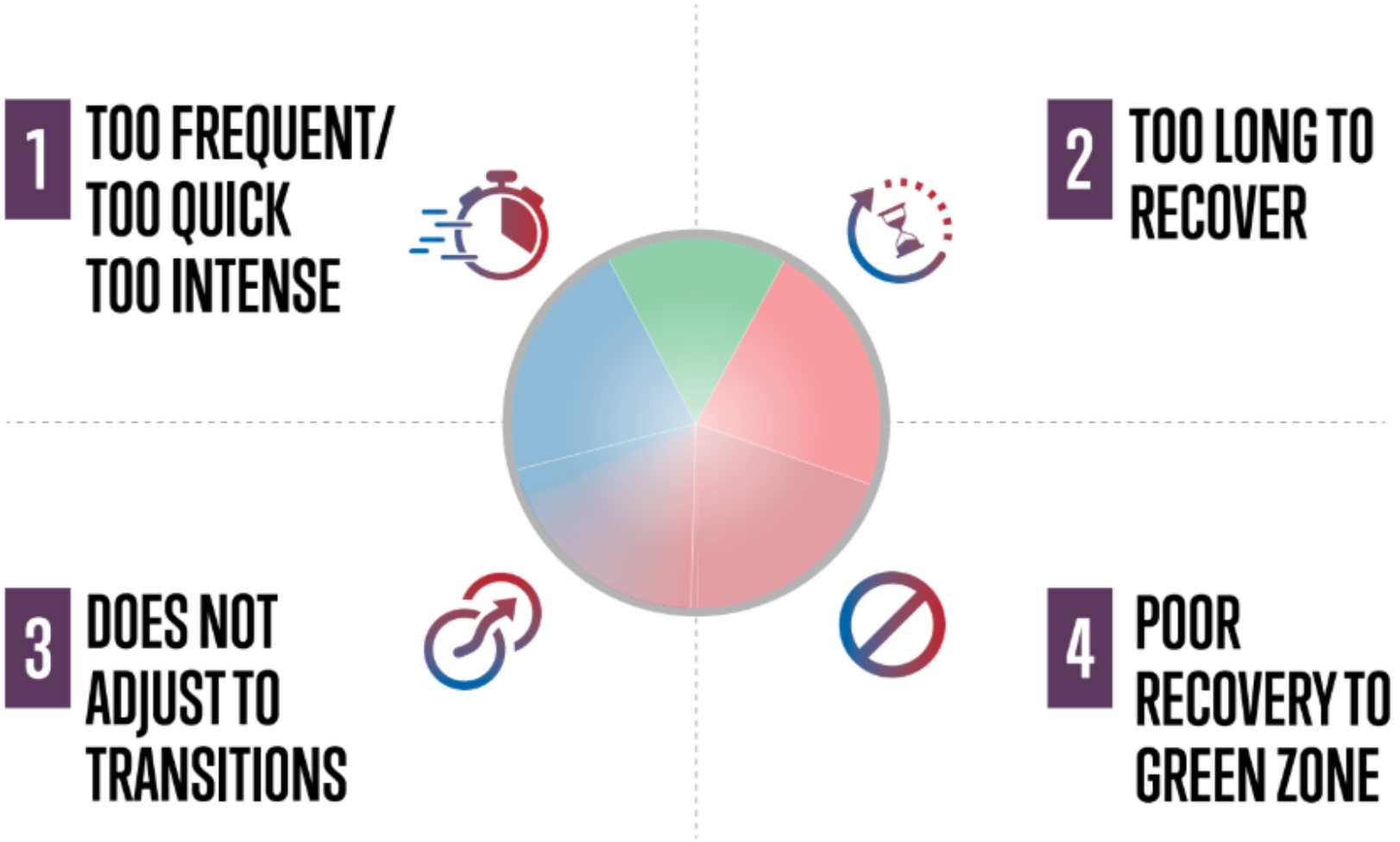
(fight, flight, freeze)

(Adapted by J. Christensen from Lillas, 2022; Lillas and Turnbull, 2009)

STEP 1

THE NEURORELATIONAL FRAMEWORK'S

How Do We Identify Toxic Stress Patterns?

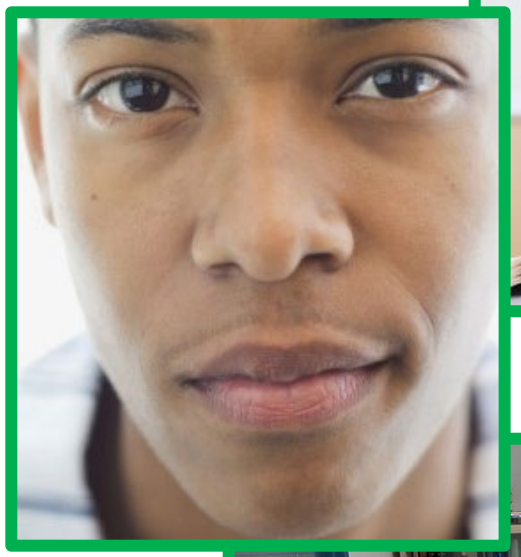


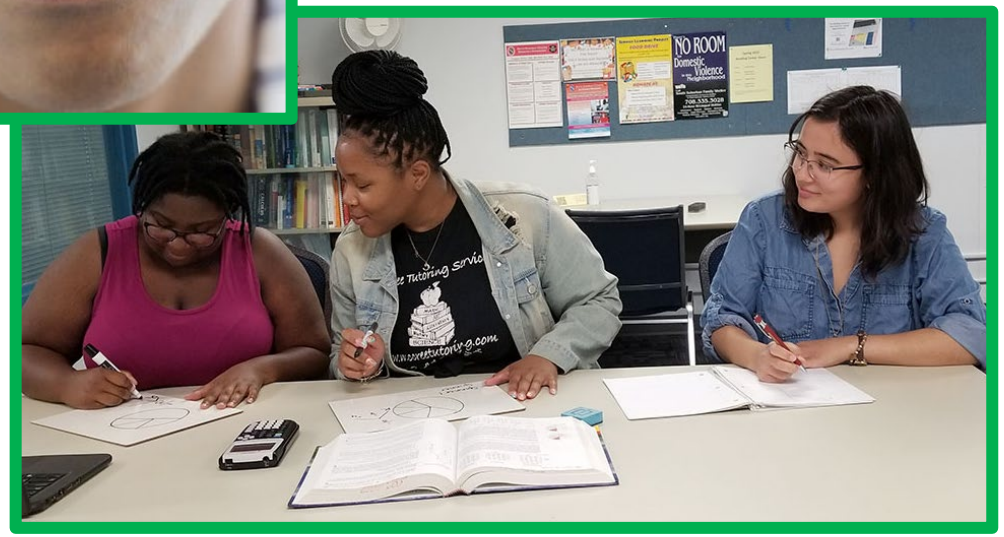
B. McEwen (2002)

NRF R2R
NEURORELATIONAL FRAMEWORK INSTITUTE
RESEARCH TO RESILIENCE

Green Zone =

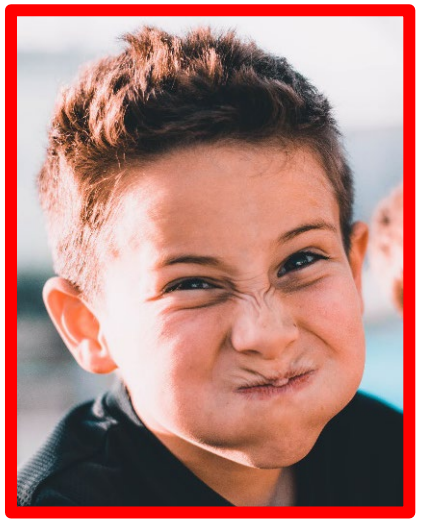
Engagement & Learning





In Stress Response =

Needs Support, No Learning



In Practice: Step 1
Getting Back to Green

What is happening in my body?

- Day-to-day?
- On a hectic day?
- When encountering a student who is in a stress response?

What is happening in this student's body?

- When visiting the clinic?
- When sitting in class?
- When they experience a trigger?
- How is their sleep?

Next level:

- Teach them about the colors and ask them to reflect.
- Consider the frequency, intensity, and duration of their stress responses/arousal states.

SO, WHAT CAN SBHC STAFF DO?

Shifting How We Respond

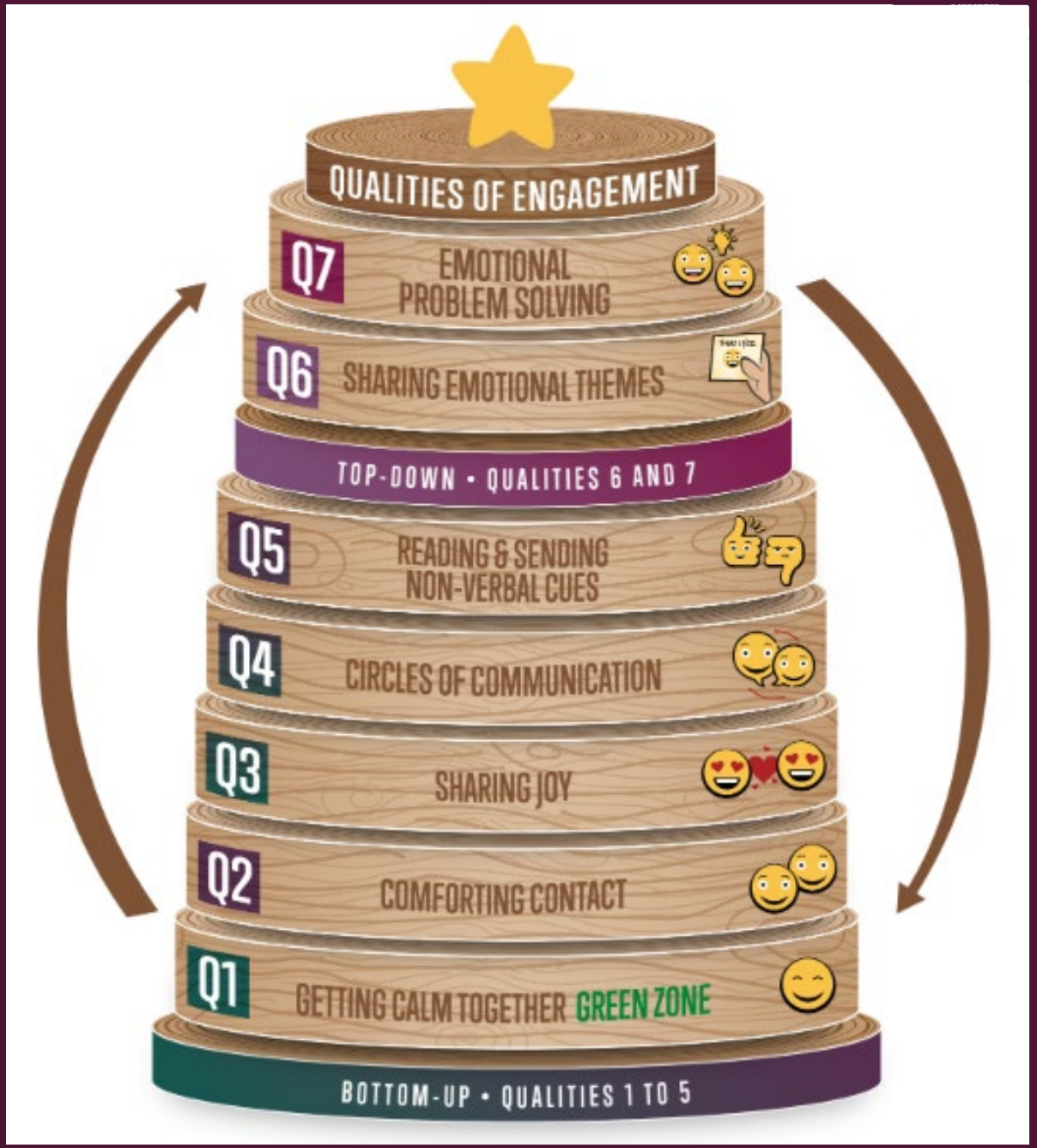
- Instead of labeling behavior as “difficult” or “challenging,” recognize it as communication.
- Shift from “compliance/non-compliance” → “What stress response is behind this behavior?”
- Approach with curiosity instead of judgement
- Consider their individual difference and antecedents that may result in stress responses

Sample shifts in thinking:

☒ "This student is disrespectful.“	☑ "This student may not feel heard or understood."
☒ "They never say anything."	☑ "They might not feel safe opening up yet."
☒ “It seems like they don’t care.”	☑ "They need connection.”
☒ “They never follow through.”	☑ “This may be a stress response. I wonder what they need?”

STEP 2: Engagement and Relational Quality

- Supportive relationships are critical protective factors
- CONNECT before you CORRECT



In Practice: Step 2

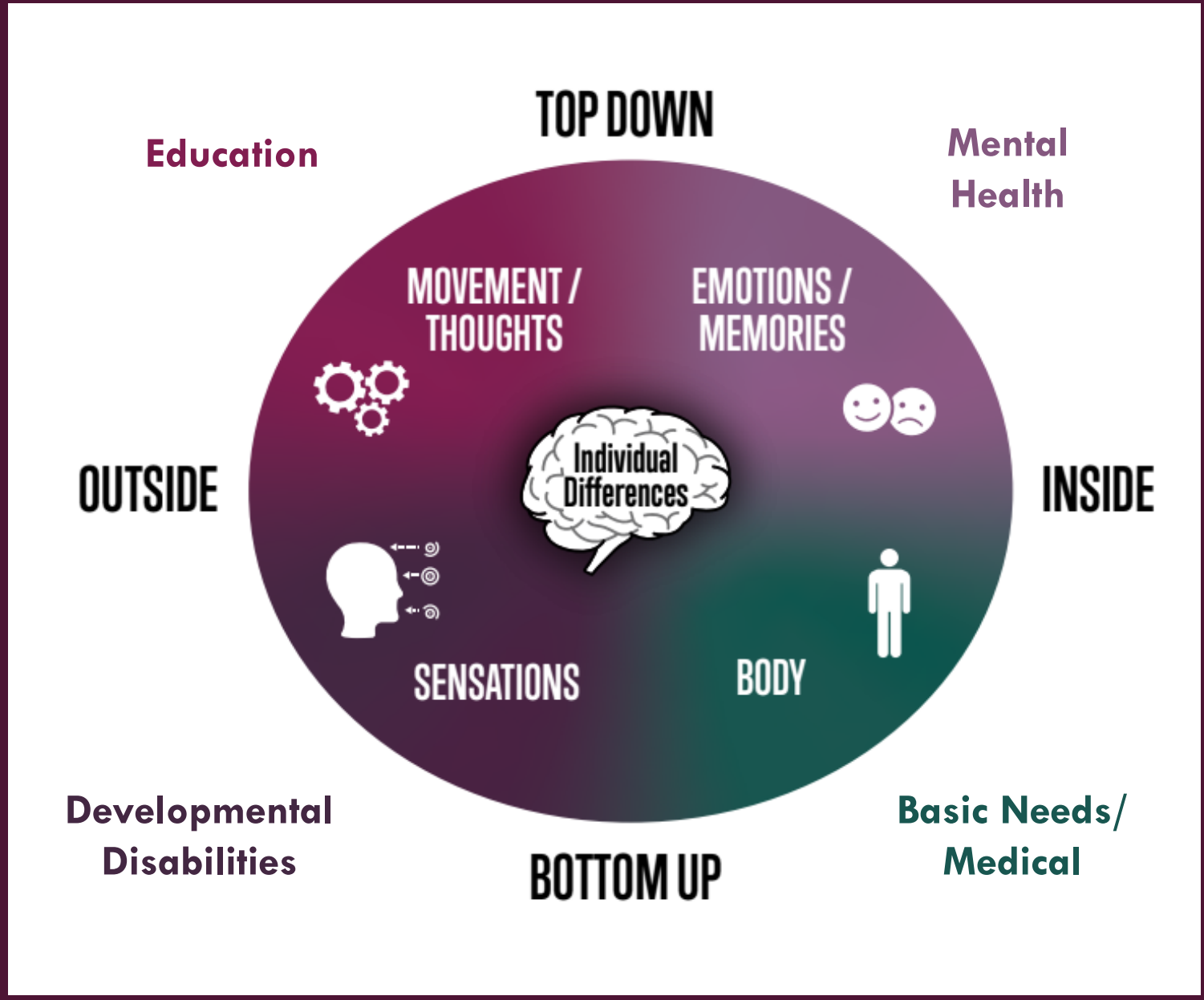
Supporting Students (or Parents!) Experiencing Challenge or Threat

Compassion	• Show empathy • Be judgement free • Use authentic listening
Connection	• Be calm together • Share sensory experiences • Leverage other positive relationships (for support)
Curiosity	• Consider context (“What else is going on?”) • Rethink behavior as communication • Ask, “When is this person “green”?”

Step 3: Individual Differences & Systems of Care

Individual differences
- Risk/protective factors
- Triggers
- Toolkits

Systems of care
- Diagnosis
- Interventions
- Collaboration



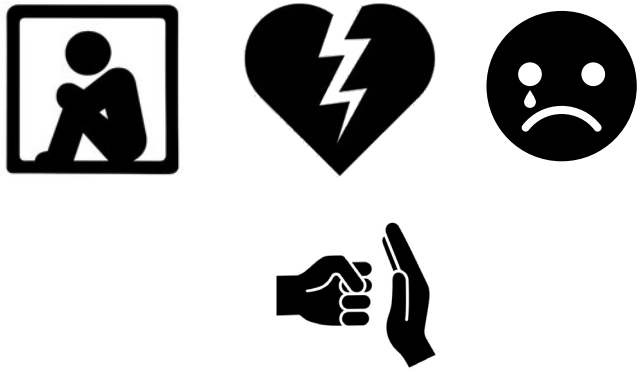
Step 3: What TRIGGERS contribute to stress?

Consider:

- Duration, frequency, and severity of challenges
- Environmental/ Neighborhood factors
- History of traumatic experiences
- Individual differences (temperament, genetic, etc.)

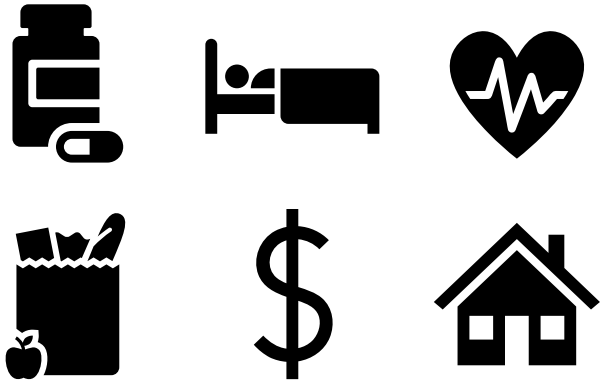
Thinking & Doing Triggers

Feelings Triggers



Sensory Triggers

Basic Needs Triggers



INDIVIDUAL **TOOLKITS** – GETTING BACK TO GREEN

"Top-Down"

External Milieu

Internal Milieu

THOUGHTS & MOVEMENT (EXECUTIVE)

- Using a calendar or phone to organize
- Making lists
- Mindfulness – noticing thoughts and feelings
- Cognitive reappraisal

EMOTIONS/MEMORIES (RELEVANCE)

- Journaling
- Calling a friend, trusted adult, hotline
- Taking social media breaks

SENSATION (SENSORY)

- Headphones or music
- Fidget toys

(Touch, smell, taste, auditory, olfactory, proprioceptive, vestibular)

BODY (REGULATION)

- Eat
- Sleep
- Exercise (e.g., walk)
- Medication
- SDoH support

"Bottom-Up"

WORKING ACROSS SYSTEMS

"Top-Down"

EDUCATIONAL & COGNITIVE APPROACHES

- IEP collaboration
- **Cognitive therapies (e.g., Cognitive Behavioral Intervention for Trauma in Schools (CBITS); Supporting Parenting for Anxious Childhood Emotions (SPACE)

BEHAVIORAL HEALTH APPROACHES

- Psychotherapy
- Family-systems therapy
- Mindfulness techniques

***BH approaches utilize both "top down" and "bottom up" approaches*

DEVELOPMENTAL APPROACHES

- Sensory-based interventions
- Occupational Therapy (OT)
- Physical Therapy (PT)
- Speech/Language Therapy (SLP)

BASIC NEEDS/MEDICAL APPROACHES

- Medication management
- Acute and chronic illness management
- Breathing Techniques
- Meeting basic needs / SDoH support
- **Eye Movement Desensitization and Reprocessing (EMDR)

"Bottom-Up"

APPLYING THE NRF LENS TO OUR WORK

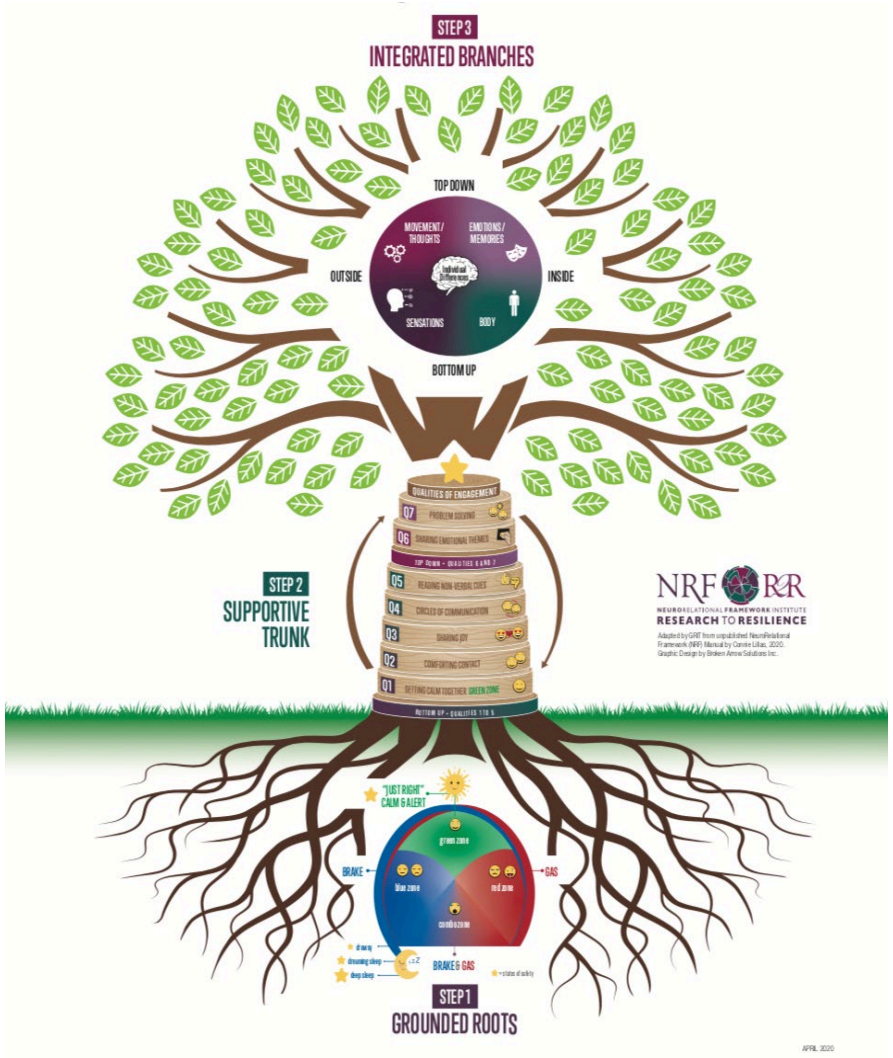
- How does this change our response?
  - Interpretation of behavior
  - Our approach and reaction
- How does this shift the questions we ask?
- How does this shift our communication?
  - Conversations with others – Word choice (common language, non-judgmental)
  - Documentation - How we write our notes (the words we choose, the context we include)

APPLYING THE NRF LENS TO OUR WORK

- How does this shift how we collaborate?
  - How we show up in meetings or with team members
  - How we engage across systems
  - How we value others' expertise (no one person/system has the "right" answer)
- How does this shift our organization?
  - Space
  - Staffing (roles, training)
  - Cultural competency

APPLYING THE NRF LENS TO OUR WORK: CASE STUDIES

- Let's work together to think of an existing case and how we can use an NRF lens to shift our understanding and approach.



NEXT STEPS

- What from today's workshop can you apply immediately?

- Over the next month, notice your own stress responses.
  - When are you green?
  - When are you in a stress response?

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