

Wisdom Projects

Peace, Healing, and Justice For All



Frequently Asked Questions (FAQ) Concerning **One-on-One** Work at Wisdom Projects

Intergenerational community education and community organizing is central to the high impact of the work at Wisdom Projects. Older youth and young adults guide and mentor younger children in peacemaking methods and behavioral wellness, and adults guide and mentor youth, young adults, and children in the same methods. This document answers questions about how one-on-one guiding and mentoring works in our programs, including one-on-one work with neurodivergent children. Wisdom Projects prides ourselves on being disability-conscious and our peacemaking approach is centered on caring for children, youth, and families with disabilities.

Overview

What is one-on-one work?

In our afterschool program, trained Youth Peacemakers aged 14-24 work one-on-one with assigned children aged 5-10 (Peace Cubs) and 11-14 (Peace Buds).

When they work one-on-one, the Youth Peacemakers do the following:

- They sit directly next to the child to closely listen to and observe their speech and behavior and guide them actively to achieve calm, focus, and wellness in their behavior. They never, ever sit across from a child or away from a child when working one-on-one because that defeats the purpose of one-on-one work.
- They firmly and affirmatively mandate that the child behave in a safe and respectful manner.
- They help the child remain seated during meal service and homework time.
- Without giving answers to assignments, they help to tutor the child with homework problems to the best of their abilities.
- They use our enumerating method to give the child time to comply with directions: “I will give you a 6 count [or however much may be needed] to do _____. 6-5-4-3-2-1.”
- They avoid touching the child to force compliance.
- They do not become overwhelmed or triggered if a child starts crying or “melts down” into a tantrum. Instead, the Youth Peacemaker waits for the child to find a sense of calm, stays by the child closely, and says relevant and appropriate affirming words such as “It’s okay to feel strongly,” or “It’s okay to not always have your way—that’s part of life and you will be okay.”
- If the child is ill or appears to be ill, the Youth Peacemaker notifies an adult teacher immediately. The Youth Peacemaker must never, ever attempt to administer first aid or address illness on their own.
- They continually reenforce the requirement that during meal time, homework time, and lesson time, the child must be seated.
- If the child must transition away from being seated, they accompany the child where ever the child goes EXCEPT for the bathroom (do not go into the bathroom with a child ever).
- Youth walk besides the child when they are transitioning. They never walk ahead of the child or behind a child because that defeats the purpose of one-on-one work.
- They never get up and leave the child alone without asking an adult teacher or another Youth Peacemaker to substitute for them. If they must use the bathroom, they come back right away to continue one-on-one work.
- They receive permission from an adult staff member to do everything needed with the child.

- They never joke, roast, or communicate verbally or nonverbally in an inappropriate manner with the child.
- They monitor the child's behavior super carefully at all times because not doing this defeats the purpose of one-one-one work.
- They help the child move from protective to connective emotional expression with calming, soothing, and affirming words and guidance.

Feeling Words List

Protective Emotions			Connective Emotions				
Anger	Fear	Panic	Sadness	Weak Feelings	Seeking / Engaging with Creation	Caring Connection	Playful Connection
annoyed	timid	flumoxed	disappointed	<i>Physical Fatigue</i>	curious	helpful	relaxed
agitated	uneasy	mixed up	low	thirsty	clever	secure	glad
fed up	tense	unsure	down	hungry	tired	attentive	light-hearted
frustrated	nervous	uncomfortable	gloomy	run-down	inquisitive	considerate	amused
irritated	insecure	troubled	disturbed	worn out	motivated	friendly	cheerful
mad	cowardly	perplexed	mingin	sore	stimulated	kind	comical
critical	worried	insecure	unhappy	powerless	active	understanding	silly
resentful	afraid	disoriented	hurt	shaky	energetic	giving	happy
disgusted	threatened	stunned	awful	sick	intrigued	supportive	optimistic
outraged	frightened	shocked	distressed	impotent	engaged	connected	alive
raging	intimidated	anxious	hopeless	ill	constructive	tender	delighted
furious	fearful	stuck	miserable	frail	productive	loving	giggly
seething	anxious	lost	heartbroken	lifeless	creative	nurturing	spontaneous
livid	panicky (ed)	trapped	depressed	exhausted	eager	joined	imaginative
bitter	shaky	desperate	terrible	stressed	bold	attached	whimsical
	horrified	helpless	crushed	fragile	artistic		joyful
	terrified	frozen	devastated	vulnerable	fascinated		spirited
		hysterical		defenseless	confident		energized
		paralyzed		insecure	focused		cheerful
				discouraged	determined		excited
				overwhelmed	inspired		bouncy
				<i>Emotional Fatigue</i>	inventive		lively
					ambitious		animated
					absorbed		elated
					obsessed		ecstatic

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Think of these protective and connective feelings as a spectrum of emotions that sometimes overlap with each other. With mindfulness, self-care, and care from others, we have the power to move our emotions from protective to connective, and to identify when we are being protective and when we are being connective.

Working with Neurodivergent Children

What is neurodivergence?

The term "neurodivergent" describes people whose brains work or function in different ways than most other people, and these differences may affect a person's behavior, emotional expression, memory, capacity to learn, or abilities/disabilities.

Neurodivergent is not a medical term. Rather, it is an affirmative way to identify differences. We do not say "abnormal" or "wrong." People who are not neurodivergent are often called "neurotypical."

What is autism or what does it mean to be on the autistic spectrum?

Autism Spectrum Experience (ASE) or Autism Spectrum Disorder (ASD) refers to a group of neurodivergent or neurodevelopmental conditions characterized by persistent challenges in social communication, social behavior, repetitive behaviors, and restricted interests.

Key Features:

- **Social Communication:** Difficulty with eye contact, understanding social cues, and engaging in reciprocal conversations.
- **Repetitive Behaviors:** Insistence on self-focused needs or desires, routines, repetitive movements or "stimming" (e.g., hand flapping, leg shaking, etc.), and focused interests on specific topics.
- **Restricted Interests:** Intense and narrow interests that may consume a significant amount of time and attention.

Many people on the Autism Spectrum are extremely intelligent and, overtime, they can manage the symptoms of ASE or ASD.

While scientists and clinicians do not know the exact cause of this neurodivergence, they do know that ASE or ASD is not caused by vaccination.

Managing the symptoms is aided by the following:

- Close, affirming one-on-one guiding and mentoring to help the child practice and develop empathetic, structured, and disciplined behavior that mitigates their experiences and symptoms.
- Careful assistance with speech and language, including seemingly simple things like encouraging the person to make eye contact briefly in a caring, supportive manner so they learn to practice key social cues and social connections.
- Providing consistent and constant emotional support, including (in the case of children) using emotional support plushies so that the person may use "hug therapy" to manage and control what they do with their arms and hands, and to de-escalate heightened emotions through hugging an object close to their chest.
- Providing a means for the person to manage and occupy what they do with their hands, including using tools such as "touch boxes" that include safe, soft or appropriate objects or puzzles that the person engages with one-by-one to help mitigate and calm seemingly uncontrollable movement.