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## WHO SHOULD ATTEND

**Education and Clinical  
Professionals:** All education  
and mental health or  
healthcare professionals who  
work with children or youth  
including, but not limited to  
K-12 Classroom Teachers,  
School Counsellors, Learning  
Assistance/Resource Teachers,  
School Administrators, School  
Paraprofessionals including  
Special Education Assistants,  
Classroom Assistants and  
Childcare Workers • All other  
professionals who support  
behavioural challenges and  
complex learning needs  
including but not limited  
to: Nurses, Social Workers,  
Psychologists, Clinical  
Counsellors, Family Therapists,  
Occupational Therapists,  
Speech Language Pathologists,  
Addiction Counsellors, Youth  
Workers, Mental Health  
Workers, Probation Officers and  
Community Police Officers.

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Workshops will be live streaming  
from Ottawa, ON to online  
participants on May 28-30,  
2025. Please allow 3-5 business  
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ended for recorded footage to  
become available.

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## THE OTTAWA CONFERENCE ON

# Behavioural, Developmental & Emotional Challenges with Children & Adolescents

**OTTAWA, ON**

Holiday Inn – Ottawa East | 1199 Joseph Cyr Street

### DAY 1

**May 28, 2025**

8:30am - 11:45am

### Understanding Autism & Social Communication Disorder

12:45pm - 4:00pm

### Evidence-Based Strategies for Addressing Challenges in Autism Spectrum Disorder and Social Communication Disorder

PRESENTED BY

**Cara Daily**  
Ph.D.



### DAY 2

**May 29, 2025**

8:30am - 11:45am

### Fostering Social- Emotional Learning Skills for Academic Success Using Brain- Behaviour Relationships

12:45pm - 4:00pm

### Reading and Writing Disorders Brain-Based Interventions for Students

PRESENTED BY

**Steven G. Feifer**  
D.Ed., ABSNP



### DAY 3

**May 30, 2025**

8:30am - 11:45am

### Oppositional, Defiant & Explosive Behaviours Transforming Challenges for Long Term Success

12:45pm - 4:00pm

### Anxiety Solutions Practical Strategies for Resilience, Confidence and Coping Skills in Children and Youth

PRESENTED BY

**Caroline Buzanko**  
Ph.D., R. Psych



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## **THE OTTAWA CONFERENCE ON BEHAVIOURAL, DEVELOPMENTAL AND EMOTIONAL CHALLENGES WITH CHILDREN & ADOLESCENTS**

**Presented by Jack Hirose & Associates. Sponsored by Sunshine Coast Health Centre and Georgia Strait Women's Clinic**

*If you have any questions, please contact your on-site coordinator.*

### **PLEASE REMEMBER:**

- Wear your name badge every day.
- Turn off your cell phone.
- If you have pre-purchased lunch your tickets are in your name badge, please treat your tickets like cash.

### **EVALUATION FORM:**

- Complete your evaluation form each day using the QR code below.



### **SCHEDULE:**

This schedule may vary depending on the flow of the presentation and participant questions

7:30am – 8:30am	Sign-In
8:30am – 10:00am	Morning Workshops Begin
10:00am – 10:15am	Mid-Morning Break (Refreshments Provided)
10:15am – 11:45pm	Workshop in Session
11:45pm – 12:45pm	Lunch Break
	Sign-In (CPA Members Only)
12:45pm – 2:15pm	Afternoon Sessions Begin
2:15pm – 2:30pm	Mid-Afternoon Break (Refreshments Provided)
2:45pm – 4:00pm	Workshop in Session
4:00pm	Complete Evaluation Forms (Use QR Code Above) & Sign-Out (CPA Members Only)

### **CERTIFICATES:**

- Digital certificates are available for download on the final day for multi-day attendees at:  
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- Certificates will be updated with CPA credits after form verification (allow 2-4 weeks).



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## **Effective Strategies for Managing Challenging Behaviors in Autism and Social Communication Disorder**

Cara Daily, Ph.D., BCBA



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### **Speaker Disclosure Information**

Dr. Cara Daily is a licensed pediatric psychologist and Board Certified Behavior Analyst with Daily Behavioral Health and Jhope Foundation. She is an adjunct professor at Kent State University and the author of The Key to Autism. She has no other relevant financial or non-financial relationships to disclose.

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### **APA Disclosure**

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

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## Limitations of Research and Potential Risk

Most of the behavioral approaches, such as techniques of Applied Behavioral Analysis, discussed in the course are considered evidence-based as the literature consists of numerous controlled studies employing single-case experimental designs, consecutive controlled case-series studies, controlled group studies, and some randomized controlled trials. Other techniques presented are empirically supported or promising in the literature (e.g., Cognitive-behavioral therapy, Social Stories, Social Skills Programs, Social Autopsies, Exposure Response Prevention), although several studies have limitations due to small sample sizes and require more research.

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## Limitations of Research and Potential Risk

- The cost of certain behavioral interventions can be high
- Generalization of behaviors will not occur if not done across setting and people
- Interventions need to be individualized to the client
- Changes in behaviors may cause more initial stress
- Addressing behaviors alone can mask other problems

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West Cleveland's Leading  
Comprehensive Service Provider  
for Autism Spectrum Disorders

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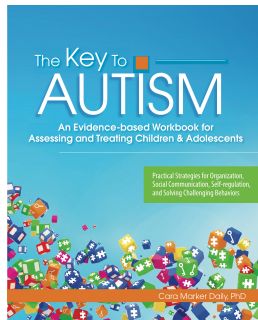
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## My Family



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## Outline

### Understanding Autism Spectrum Disorder, Social Communication Disorder and Comorbid Disorders

- DSM-5, ICD-10, ICD-11 Updates
- Etiology
- Brain Function
- Hands on Activities

### Evidence Based Strategies for Addressing Challenges in Autism Spectrum Disorder and Social Communication Disorder

- Social Communication
- Sensory difficulties
- Anxiety/Depression
- ADHD
- Obsessive-Compulsive Disorder
- Psychopharmacological
- Challenging Behaviors

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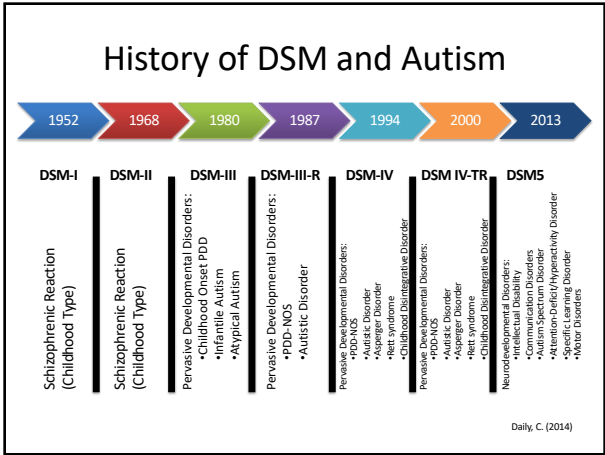
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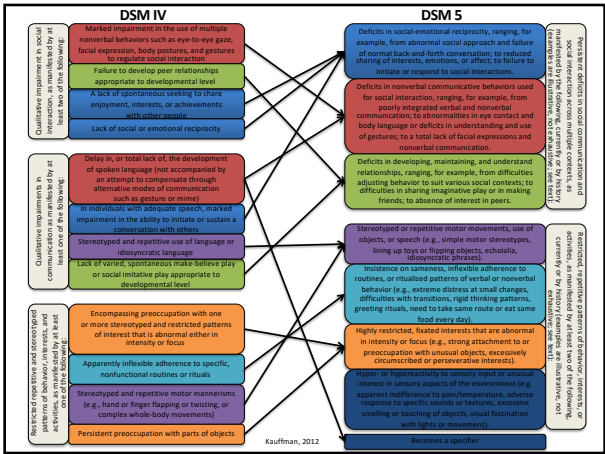
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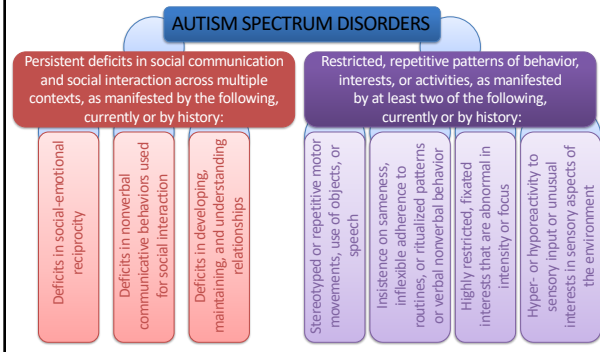
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## DSM 5 Diagnostic Criteria



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## DSM 5 Diagnostic Criteria: Autism Spectrum Disorder

- Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

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## DSM 5 Diagnostic Criteria: Autism Spectrum Disorder

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

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## DSM 5 Diagnostic Criteria: Autism Spectrum Disorder

Specify if:

With or without accompanying intellectual impairment

With or without accompanying language impairment

Associated with a known medical or genetic condition or environmental factor

(Coding note: Use additional code to identify the associated medical or genetic condition.)

Associated with another neurodevelopmental, mental, or behavioral disorder

(Coding note: Use additional code[s] to identify the associated neurodevelopmental, mental, or behavioral disorder[s].)

With catatonia (refer to the criteria for catatonia associated with another mental disorder, pp. 119-120, for definition) (Coding note: Use additional code 293.89 [F06.1] catatonia associated with autism spectrum disorder to indicate the presence of the comorbid catatonia.)

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## DSM 5 Diagnostic Criteria: Autism Spectrum Disorder

Severity level	Social communication	Restricted, repetitive behaviors
Level 3 "Requiring very substantial support"	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.
Level 2 "Requiring substantial support"	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and how has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
Level 1 "Requiring support"	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

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## DSM 5 Diagnostic Criteria: Social (Pragmatic) Language Disorder

- A. Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following:
1. Deficits in using communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for the social context.
  2. Impairment of the ability to change communication to match context or the needs of the listener, such as speaking differently in a classroom than on the playground, talking differently to a child than to an adult, and avoiding use of overly formal language.
  3. Difficulties following rules for conversation and storytelling, such as taking turns in conversation, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interaction.
  4. Difficulties understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meanings of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation).

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## DSM 5 Diagnostic Criteria: Social (Pragmatic) Language Disorder

- B. The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.
- C. The onset of the symptoms is in the early developmental period (but deficits may not become fully manifest until social communication demands exceed limited capacities).
- D. The symptoms are not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and are not better explained by autism spectrum disorder, intellectual disability (intellectual developmental disorder), global developmental delay, or another mental disorder.

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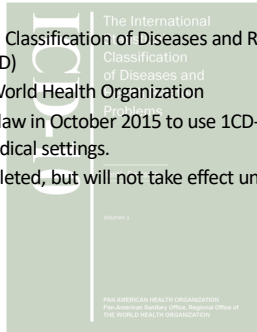
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## ICD-10 and ICD-11

- International Classification of Diseases and Related Health Problems (ICD)
- Created by World Health Organization
- Required by law in October 2015 to use ICD-10 for diagnosis coding in medical settings.
- ICD-11 completed, but will not take effect until January 2022 or later.



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## ICD-10

Diagnostic Criteria for Pervasive Developmental Disorders, Atypical autism, and Asperger syndrome:

- F84 Pervasive Developmental Disorders
- F84.0 Childhood autism
- F84.1 Atypical autism
- F84.2 Rett syndrome
- F84.3 Other childhood disintegrative disorder
- F84.4 Overactive disorder associated with mental retardation and stereotyped movements
- F84.5 Asperger syndrome
- F84.8 Other pervasive developmental disorders
- F84.9 Pervasive developmental disorder, unspecified

Other Developmental Disorders of Speech and Language (F80.89)

- Equivalent to DSM-5 Social (Pragmatic) Language Disorder

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## ICD-10

### **F84.0 Childhood autism**

- A type of pervasive developmental disorder that is defined by: (a) the presence of abnormal or impaired development that is manifest before the age of three years, and (b) the characteristic type of abnormal functioning in all the three areas of psychopathology: reciprocal social interaction, communication, and restricted, stereotyped, repetitive behaviour. In addition to these specific diagnostic features, a range of other nonspecific problems are common, such as phobias, sleeping and eating disturbances, temper tantrums, and (self-directed) aggression.

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## ICD-11

### **6A02 Autism Spectrum Disorder**

"Autism spectrum disorder is characterized by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour and interests. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities."

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## ICD-11

### **6A02.0 Autism spectrum disorder without disorder of intellectual development and with mild or no impairment of functional language.**

- All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is only mild or no impairment in the individual's capacity to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires.

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## ICD-11

### **6A02.1 Autism spectrum disorder with disorder of intellectual development and with mild or no impairment of functional language.**

- All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is only mild or no impairment in the individual's capacity to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires.

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## ICD-11

### **6A02.2 Autism spectrum disorder without disorder of intellectual development and with impaired functional language.**

- All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is marked impairment in functional language (spoken or signed) relative to the individual's age, with the individual not able to use more than single words or simple phrases for instrumental purposes, such as to express personal needs and desires.

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## ICD-11

### **6A02.3 Autism spectrum disorder with disorder of intellectual development and with impaired functional language.**

- All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is marked impairment in functional language (spoken or signed) relative to the individual's age, with the individual not able to use more than single words or simple phrases for instrumental purposes, such as to express personal needs and desires.

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## ICD-11

**Removed right now - Autism spectrum disorder without disorder of intellectual development and with absence of functional language.**

- All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is complete, or almost complete, absence of ability relative to the individual's age to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires.

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## ICD-11

**6A02.5 Autism spectrum disorder with disorder of intellectual development and with absence of functional language.**

- All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is complete, or almost complete, absence of ability relative to the individual's age to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires."

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## ICD-11

**6A02.Y – Other specified autism spectrum disorder**

- Other specified autism spectrum disorder
- Autism spectrum disorder without disorder of intellectual development and with absence of functional language
- Autism spectrum disorder without disorder of intellectual development and with absence of functional language with loss of previously acquired skills
- Autism spectrum disorder without disorder of intellectual development and with absence of functional language without loss of previously acquired skills
- Atypical autism
- atypical autistic syndrome
- Atypical childhood psychosis
- atypical infantile psychosis
- Mental retardation with autistic features

**6A02.Z – Autism spectrum disorder, unspecified**

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## ICD-11

### 6A01.22 Developmental language disorder with impairment of mainly pragmatic language

- Developmental language disorder with impairment of mainly pragmatic language is characterised by persistent and marked difficulties with the understanding and use of language in social contexts, for example making inferences, understanding verbal humour, and resolving ambiguous meaning. These difficulties arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. Pragmatic language abilities are markedly below the expected level given the individual's age and level of intellectual functioning, but the other components of receptive and expressive language are relatively intact. This qualifier should not be used if the pragmatic language impairment is better explained by Autism Spectrum Disorder or by impairments in other components of receptive or expressive language.

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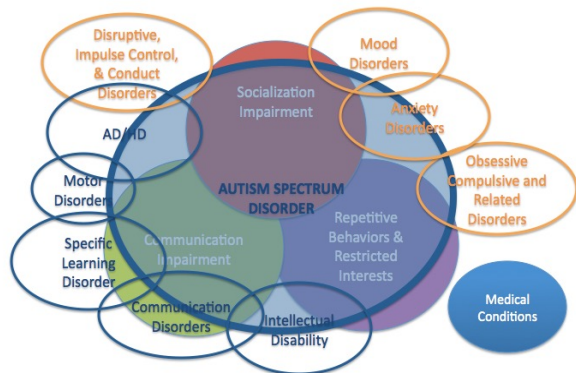
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## Conceptual Framework



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## Autism Spectrum Disorders (ASD): Prevalence & Etiology

- 1 in 6 children diagnosed with a neurodevelopmental disorder
- In 2024, 1 in 36 children diagnosed with autism in US
- In 2020, 1 in 37 children in BC
- In 2019, 1 in 50 in Canada
- 4 to 5 times more common in boys
- Biologically based neurodevelopmental disorder
- No known etiology?
- Highly heritable

(CDC, 2024, Ministry of Child and Family Services in British Columbia, 2020, Public Health Agency of Canada, 2019).

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Autism Spectrum Disorders (ASD):  
Etiology

- Genetics
  - 70% concordance in monozygotic twins, 90% if a broader phenotype is used (Bailey and colleagues, 1995)
  - Rate of autism among siblings of a child with ASD is 20% (Ozonoff and colleagues, 2024)
  - X, 2, 3, 7 (7q31-35) – *speech deficits*, 15, 17, and 22 – most promising in the research
  - Maternally derived 15q duplications common (15q11-q13 region – Prader-Willi, Angelman Syndrome)
  - X-linked gene MECP2 mutations (encodes methyl-CpG binding protein-2) – Rett’s Disorder
  - 20% associated with medical condition or known syndrome (e.g., Fragile X, Neurocutaneous disorders, 22q deletion syndrome, PKU, Fetal Alcohol Syndrome, CHARGE, Cornelia de Lange Syndrome, Smith-Lemli-Opitz syndrome, Smith Magenis Syndrome, Sotos Syndrome, Tuberous Sclerosis, Duchenne Muscular Dystrophy.) (Frombonne & Chakrabarti, 2001; Johnson, Myers, & the Council on Children with Disabilities, 2007; CAR Autism Road Map, 2020; Genovese & Butler, 2023)

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Autism Spectrum Disorders (ASD):  
Etiology

- Correlation with Maternal and Paternal Age (Croen and colleagues, 2007; See Kolevzon and colleagues, 2007, for a review)
- Teratogens related to autism risk in first trimester (see Arndt, Strodgell and Rodier, 2004)
  - Maternal rubella infection
  - Ethanol
  - Thalidomide
  - Valproic acid
  - Misoprostol

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Autism Spectrum Disorders (ASD):  
Etiology

- Maternal Factors, such as metabolic syndrome (diabetes, hypertension, and obesity), bleeding, infection, rubella, measles, mumps, chicken pox, influenza, herpes, pneumonia, syphilis, varicella zoster, cytomegalovirus, bacteria infection, and pregnancy complications which require hospitalization (Karimi & Colleagues, 2017)
- Perinatal factors, such as low birth weight, abnormally short gestation length, and birth asphyxia
- Post-natal factors associated with ASD include autoimmune disease, viral infection, hypoxia, mercury toxicity
- Epidemiological studies have found no association between vaccines (as environmental risk factors) and increased risk of autism

– (for more information, see review by Park and Colleagues, 2016; Karimi and Colleagues, 2017).

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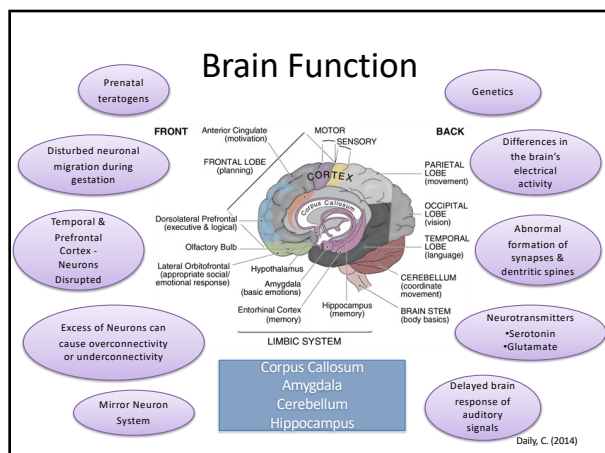
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## Brain Function: What it Means

- Intact or Enhanced Abilities:
  - Basic attention
  - Elementary motor
  - Sensory perception
  - Simple memory
  - Formal language (phonological and grammatical elements)
  - Rule-Learning
  - Visuospatial processing

(Williams & Minshew, 2010)

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## Brain Function: What it Means

- Deficits:
  - Executive functioning
  - Integrative processing
  - Complex sensory, motor, memory, and language skills
  - Concept and Prototype Formation (facial recognition, emotional expression, organization of information into different categories, detecting patterns)
  - Differential processing of human speech and the integration of complex auditory information
  - Processes auditory information in the right-hemisphere (visually) instead of left-hemisphere

(Williams & Minshew, 2010)

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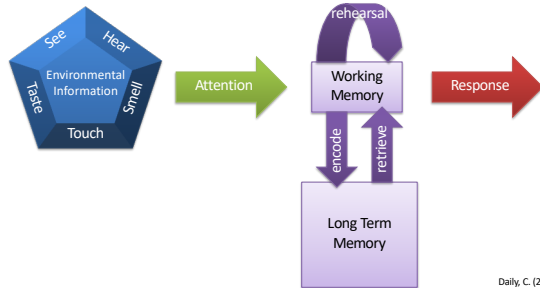
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## Information Processing




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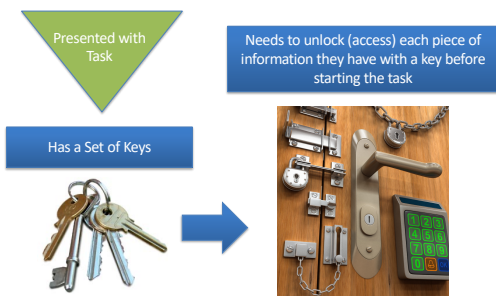
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## Key Analogy: Start of the Day




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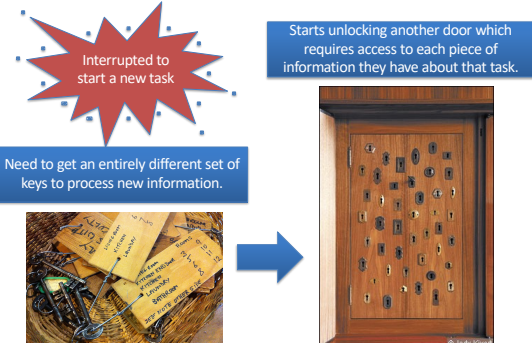
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## Key Analogy: Processing Information Throughout the Day




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## Key Analogy: End of the Day



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## Early Intervention and Evidenced-Based Therapies

Committee on Educational Interventions for Children with Autism, National Research Council (2001) recommends:

- Early Intervention
- Intensive
- Individualized
- Regularly evaluated
- Educated at school, home, and in community settings
- Minimum of 25 hours every week year-round
- One-on-one or small group
- Parent involvement

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## Early Intervention: Applied Behavioral Analysis

Applied Behavior Analysis (ABA)

- An effective approach to teach new skills and behaviors, reduce maladaptive and disruptive behaviors, maintain and generalize positive behaviors, and enhance attention and motivation (Goldstein, 2002; Horner, Carr, Strain, Todd, & Reed, 2002; Lovass, 1987; Odom et al., 2003; Sallows & Graupner, 2005).
- Early intervention most beneficial for children with ASD (Lovaas, 1987; Rogers & Lewis, 1989).
- Early Intensive Behavioral Intervention (EIBI) applies the principles of ABA to young children. EIBI includes 25 to 40 hours per week of behavioral intervention for two or more years.
- Children participating in EIBI have been shown to demonstrate significant improvements in intellectual, educational, and adaptive behavior functioning (Cohen, Amerine-Dickens, & Smith, 2006; Lovaas, 1987).

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## Social-Communication Strategies: Speech/Language and PECS

- Speech & Language Therapy within ABA program
- Picture Exchange Communication System (PECS)
  - Students exchange a picture of a desired item for the actual item
  - Teaches functional communication
  - Many times used with ABA
  - Many studies have shown effectiveness of PECS with individuals with autism and other disabilities (see Hourcade, Pilotte, West, & Parette, 2004, for a review)



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## Social-Communication Strategies

- Gain Attention
  - Reduce Distraction
  - Proximity
  - Make it Positive



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## Social-Communication Strategies

- Evaluate your own communication
  - Nonverbal Communication
    - Body Language
    - Hand Gestures
    - Facial Expressions
  - Verbal Communication
    - Voice Tone
    - Volume
    - Intonation
    - Few Words
- Allow Time for Processing

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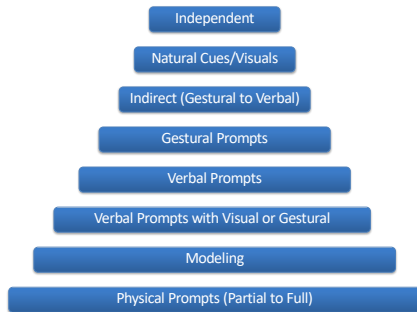
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## Social-Communication Strategies: Least Restrictive Prompts



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## Social-Communication Strategies: Social Skills Programs

- Social Skills Training Programs in the Schools
  - Bellini and colleagues (2007) reviewed 55 studies
    - Limited effectiveness for children with autism
    - Difficulty generalizing the social skills they learn from one situation to another
    - Maintenance effects of social skills instruction were moderately strong
    - Interventions were most effective for middle school and high school-age students
    - Elementary school children showed the lowest intervention and generalization effects
    - Lowest maintenance effects were observed in preschool-age children
    - Social skills interventions delivered in the general classroom showed significantly stronger intervention, maintenance, and generalization effects than social skills interventions delivered in pull-out programs.
  - Limitations of the Research and needed design improvements:
    - Increase dosage
    - Target individual skill deficits
    - Implement program as designed

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## Social-Communication Strategies: Social Skills Programs

- Social Skills Training Programs
  - Reichow and Volkmar (2010) – Reviewed 66 studies
    - Interventions based on ABA
    - Naturalistic techniques with young children
    - Parent training with young children
    - Peer training
    - Use of visual supports
    - Video modeling
    - Generalization and Maintenance need improvement
- The PEERS program (Program for the Education and Enrichment of Relational Skills) is an evidence-based social skills intervention for teens and young adults, particularly those with autism spectrum disorder or other social challenges, designed to help them make and keep friend (Mandelburg and colleagues, 2014; Yoo and colleagues, 2014; Scholhl and colleagues, 2013)

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## Social-Communication Strategies: Social Stories

- Social Stories and Comic Strip Conversations – Carol Gray
  - Includes: “short stories constructed to inform, advise, and reflect upon social situations”; comic strip conversations, which are similar to social stories, with the difference that they rely on the participation of the child who co-constructs them; and written cues (Hutchins & Prelock, 2006; Scattone, Wilczynski, Edwards, & Rabian, 2002; Thiemann & Goldstein, 2001).
  - These pragmatic approaches are widely used with the ASD population and are often integrated into a behavioral program.
  - Although case studies have shown social stories and comic strip conversations to be promising interventions with the ASD population (Hutchins & Prelock, 2006), further research is needed to explore the efficacy of these alternative methods of ASD treatment.

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## Social-Communication Strategies: Social Story Example

There are many ways to say hello to someone.

When I see someone I know, usually I will look at them, try to smile and say “hi” or “hello.” They may say “hello” back. They may stop to talk with me.

Sometimes I will try to shake their hand. Sometimes, when I am visiting a relative or a close friend, I will try to give them a small hug or a little pat on the back or the shoulder.

Sometimes, if I am just passing someone I know, I can smile, wave, or just nod my head. Most people like it when I smile at them. Smiling can make people feel good.

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## Social-Communication Strategies: Social Story Example

Taking turns is important when playing with my brother and my friends.

People may like me more when I take turns.

You have to let someone else have a turn when talking or playing.

I like to play birds and ninja turtles. Sometimes other kids like to play with other toys. I need to remember to take turns and play with what they want to play with first. For example, I don't always like to play superman, but if my friend wanted to play I should do it. Afterward, we can take turns and maybe play with what I want to play with.

When I take turns with my friends, they may like me more. If I learn to take turns with other kids, I will make more friends.

Taking turns is good.

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## Social-Communication Strategies: Social Autopsy

1. Ask person to explain what happened.
2. Ask person to identify the mistake(s) that was made.
3. Assist person in determining the actual social error that was made and teach more appropriate responses.
4. Practice the skills
  - Role Play
  - Video
  - Create Social Story/Comic Strip
5. Provide social homework.

No controlled studies have been conducted using this intervention.

Social Autopsy - Rick Lavoie

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## Social-Communication Strategies: The Hidden Curriculum

- The hidden curriculum is the set of rules governing day-to-day interactions that everyone is assumed to know but that are rarely directly taught.
  - Book offers practical suggestions and advice for how to teach and learn those subtle messages that most people seem to pick up almost automatically but that have to be directly taught to individuals with social-cognitive challenges.

Myles, B., Trautman, M., & Schelvan, R. (2004). *The hidden curriculum*. Shawnee Mission, KS: Autism Asperger Publishing Company.

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## Social-Communication Strategies: The Power Card

- The Power Card uses the child's special interests to change an unwanted or inappropriate behavior.
- Motivational text or short story related to a special interest is combined with an illustration and made into a bookmark- or business card-sized Power Card.

No controlled studies have been conducted using this intervention.

Gagnon, E. (2001). *Power cards: Using special interests to motivate children and youth with Asperger Syndrome and autism*. Shawnee, Mission, KS: Autism Asperger Publishing Company.

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## Social-Communication Strategies: Challenging Topics

- Puberty
  - Sex Education
  - Masturbation
  - Pornography
  - Indecent Exposure
  - Stalking Behavior
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- Best Book: Sexuality and Relationship Education for Children and Adolescents with Autism Spectrum Disorders (Hartman, 2014)

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## Puberty and Sex Education

- Body Awareness and Exploration of Self
  - Gender Education
  - Body Parts and Fluid Education
    - Exploration of Sexual Play
- Schools introduce sex education around 5<sup>th</sup> grade
- Resources:
  - The Growing Up Book for Boys (Hartman, D., 2015)
  - The Growing Up Guide for Girls (Hartman, D., 2015)

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## Puberty and Sex Education

- Dating
  - Hierarchy of Steps to Physical Conduct from the waist up
    - Professional and/or Caregiver creates social story for each step
    - Individual should always ask for permission at each step
      - For example, “Is it ok to hold you hand?”
  - 1. Holding hands on the outside of each other’s thighs
  - 2. Hugging (putting your arms around the other’s body) from the chest and shoulders. Do not have your body below your waist touch the other person while hugging.

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## Puberty and Sex Education

- Dating (continued)
  - Hierarchy of Steps to Physical Conduct from the waist up
  - 3. Kissing (touching your lips upon the other's lips) for one second
  - 4. Kissing for two to three seconds without using your tongue
  - 5. Kissing placing your tongue in the other's mouth and touching their tongue with your tongue (sometimes called French kissing). This type of kissing can last several seconds to several minutes.
  - 6. Touching the other's body while kissing. You can touch their face, the back of their head, and/or their back (above their waist).

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## Puberty and Sex Education

- Social story example for Kissing

At the end of a date, sometimes people kiss each other. I need to find out if it is ok to kiss the person I took on the date. First, I need look for the nonverbal signals from the other person that it may be ok to kiss her.

If I drove her on the date, I should walk her up to her front door. If she does not immediately walk through her door, but is looking at me for longer than 3 seconds and I wish to kiss her, I should ask her, "Is it ok to kiss you?" If she says no, I should say, "Ok, thank you for the date. Please let me know if you would like to go on another."

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## Puberty and Sex Education

- Social story example for Kissing (continued)

If she says yes when I ask, "Is it ok to kiss you?", I should take one step toward her and tilt my head to the right and place my lips upon her lips for one second and then back away. I need to remember to not try to stick my tongue in her mouth or down her throat on the first kiss as she may not like this. If she is still facing me and has not walked through the door, then this may be a signal for me to kiss her again. I should take another step toward her, tilt my head, and place my lips upon her lips for two seconds.

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## Puberty and Sex Education

- Sex
  - Resources:
    - Sex, Sexuality, and the Autism Spectrum (Lawson, 2004)
    - Making Sense of Sex (Attwood, 2008)
    - Love, Sex, and Long-Term Relationships (Hendricks, 2008)
    - The Aspie Girl's Guide to Being Safe with Men (Brown, 2013)
    - The Autism Spectrum Guide to Sexuality and Relationships (Goodall & Lawson, 2016)

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## Strategies for Challenging Behaviors

- Masturbation
  - Lower Functioning Individual – Collect data to determine how often behavior is occurring and FBA. Present bathroom or bedroom card before behavior occurs
    - At antecedent and on a structured schedule that will be gradually faded out
  - Higher Functioning Individual – Conversations about how often he or she is masturbating, normalize masturbation is normal.
    - If interfering with activities (e.g., more than 3 times a day, is painful, or individual says it's a problem), then help individual determine more appropriate number a day and use visual calendar to track gradual reduction in number of times masturbating per day.

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## Strategies for Challenging Behaviors

- Masturbation Resources – Social story books
  - Things Ellie Likes (Reynolds, 2015)
  - Things Tom Likes (Reynolds, 2015)

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## Strategies for Challenging Behaviors

- Masturbation Visual Schedule



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## Strategies for Challenging Behaviors

- Pornography
  - Normalize individual's interest in exploring sexual pictures on the internet
  - Find out what they are looking out
  - Educate about child pornography and how the child in the websites/pictures are a victim
  - Help them find resources that are more appropriate if they are looking at any sites that may be illegal.
- Resource
  - The Autism Spectrum, Sexuality, and the Law (Attwood, Henault, & Dubin, 2014)

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## Strategies for Challenging Behaviors

- Stalking Behaviors
  - Stalking involves repeated or persistent unwanted attempts to communicate with or associate with another
  - Engage in stalking behavior when seeking contact with others for friendship or intimacy Have less access to their peers and friends as sources of learning to acquire relationship skills and knowledge.
  - Most do not obtain any learning of romantic skills from parents, siblings, observation, the media, sex education, or peers
- (Stokes and colleagues, 2007)

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## Strategies for Challenging Behaviors

- Stalking Behaviors
  - They attempt to initiate relationships more often than is typical with strangers and celebrities.
  - “ASD adolescents and adults were more likely to touch the person of interest inappropriately, believe that the target must reciprocate their feelings, show obsessional interest, make inappropriate comments, monitor the person’s activities, follow them, pursue them in a threatening manner, make threats against the person, and threaten self-harm.”
- (Stokes and colleagues, 2007)

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## Strategies for Challenging Behaviors

- Stalking Behaviors
  - Prevention by education through visuals and social stories and increasing appropriate social skills
  - If behavior is occurring, educate individual about the stalking and the law
  - Gradually decrease stalking (if person they are stalking is willing) by giving individual “appropriate time” with that person (reduce this time in small increments on a daily basis while combining reinforcement)
    - If person they are stalking is not willing to be involved, use visuals of others on the internet that may look like that person and then gradually reduce exposure to these pictures

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## Strategies for Challenging Behaviors

- Indecent Exposure
  - Occurred in 3% of one sample (Fernandes and colleagues, 2016).
  - Lag between interest in exploring and talking about sexual developmental compared to neurotypical individuals
  - They start to engage in “sexual play” at an older age
  - Prevent by teaching earlier
  - Educate about the laws of exploring privates with younger individuals and posting sexual pictures on the internet and in public

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## Strategies for Challenging Behaviors

- Special Interests and Sex
  - Their sexual desires and fantasies are similar to those found in the general population
  - Some case examples of using objects to masturbate and using special interests in masturbation/sexual act – one study reported 24% of some type of “paraphilia”, mostly described as a “fetish” (Hernandes et al., 2014).
  - Watch out for “you tube poop”.

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## Understanding Sensory Difficulties



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## “Step Into the Shoes” of a Child with Autism

### Groups of Five

1. Identified person with autism
2. Sits behind #1 and moves edge of paper up and down back of neck of #1
3. Sits next to #1 and hums/sings a song into #1’s ear.
4. Sits on other side of #1 and talks to #1 about what he/she ate for lunch and what it tasted and smelled like.
5. Sits in front of #1 and claps hands repeatedly in front of #1’s eyes

• Adapted from S. Shore.

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## Anxiety

- What does it look like in ASD?
  - Increased restlessness
  - Increases in *rumination*
  - May request that you confirm the same information over and over
  - May increase routines and rituals as a way to bring order into their life
  - May become more rigid in their thinking
  - May spend more time with special interest, using this as a way to escape situations that invoke anxiety
  - May regress to earlier behaviors

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## Depression

- Higher rate among ASD than typical population
- What might it look like?
  - Loss of Special Interests
  - Increased Cognitive Rigidity
  - Decreases in Restorative Non-social Time
  - Downward Social Spiral

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## Anxiety/Depression: Cognitive Behavioral Therapy

- McNally and colleagues (2013) - The Coping Cat Program for Children with Anxiety and Autism Spectrum Disorder: A Pilot Randomized Controlled Trial
- “May be a feasible and effective program for reducing clinically significant levels of anxiety in children with high-functioning ASD.”
- Limitations - Need larger sample sizes and for it to be replicated.

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## Coping Cat

- Philip Kendall, Ph.D., ABPP and associates- Temple University
  - The Coping Cat Workbook, Second Edition
    - Ages 8-13, 16 sessions
  - Cognitive-Behavioral Therapy For Anxious Children: Therapist Manual, Third Edition
  - The Coping Cat Parent Companion
  - The CAT Project
    - Ages 14-17
  - Therapist Manual for Group Treatment
- Use Manual as guiding template, not rigid cookbook.
- All Coping Cat, Therapist Manual, Parent Companion, and CAT Project material in this presentation reprinted with permission by Philip Kendall.

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## Anxiety/Depression: Cognitive Behavioral Therapy

- Sleep, Diet, and Exercise
- Self-Regulation Strategies - Thought Regulation
  - Understanding Emotions
  - Identifying the Situation
  - Changing Distorted Thought Patterns

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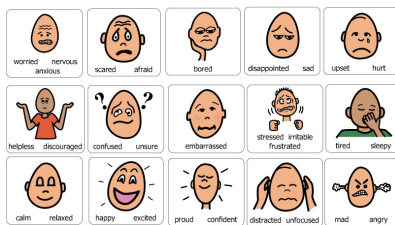
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## I am feeling



because \_\_\_\_\_.

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Worksheet

Thought Chart: Rational Response

Directions: Complete the information below to change the cognitive distortion into a rational response. An example has been provided to help you.

Situation	Emotion	Automatic Thought	Cognitive Distortion	Rational Response	Outcome
Describe situation that occurred.	Label the feeling and rank how strong it is on a scale from 1 to 10.	Write down the thought you had.	Identify the cognitive distortion or twisted thinking pattern.	Identify a way to untwist your thinking and then write rational thought.	Label your feeling and rank how strong it is on a scale from 1 to 10.
Mom tells me to get off video game	Frustrated - 8	She never lets me finish a game.	Over-generalization	Examined the evidence - she did let me finish the game last Monday. I'll ask her when I can finish the game.	Frustrated - 3

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Anxiety/Depression:  
Cognitive Behavioral Therapy

- Self-Regulation Strategies - Physical Regulation
  - Diaphragmatic Breathing
  - Positive Imagery
  - Progressive Muscle Relaxation

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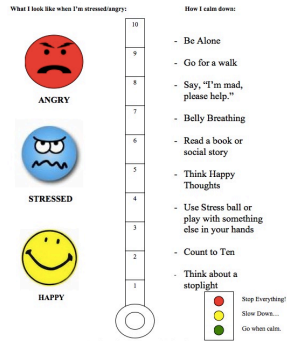
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Anxiety/Depression:  
Self-Regulation Strategies

- Teach and practice
  - Thermometer
  - Relaxation Skills
  - Conflict Resolution



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## Modifying CBT

- Goals for a clinician during TX:
  - Focus on positive characteristics of client's attributes
  - Address the presenting concerns and core symptoms
    - Develop an exposure hierarchy
    - Identifying social problems
  - Benefits of groups training
    - Opportunities to practice new skills
    - Peer modeling and skills practice
  - Develop emotional awareness and insight

(White and colleagues, 2018)

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## Modifying CBT cont.

- Factors to be aware of for clinicians treating adolescent ASD populations:
  - Increased reliance on parents in treatment
  - Need for psychoeducation about comorbid symptoms
    - Anxiety and Depression
  - Treatment pace tends to be slower or more drawn out
    - Benefits of this, is more opportunities for practice and time to address rigid beliefs, behaviors, and thinking patterns

(White and colleagues, 2018)

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## Modifying CBT cont.

- Involve the child's special interests in treatment
  - Benefits of this, the child can visual concept easier and this can be a good tool for connection and to incentivize
- Reduce your use of metaphors (and sarcasm)
- Promote high structured sessions, give transitional prompts and clear directions
- Use visuals!!!
- Set aside time in session for practice
  - Ex. planning at-home practices, can use modeling or role play

(White and colleagues, 2018)

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## ADHD

- ADHD – Inattentive Type
- ADHD – Hyperactive-Impulsive Type
- ADHD - Combined Type
- Most individuals with ASD will have executive functioning deficit
- Differences between ADHD and ASD

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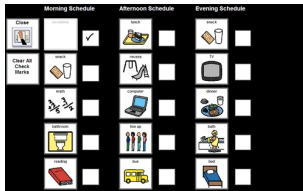
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## Environmental Strategies

- Organization Systems
  - Visual Schedules
  - Checklists
  - Calendars



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## Environmental Strategies

- Reinforcement Menu (Change Often)



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## Environmental Strategies

- Adjusted Seating/Preferential Seating
- Alternate Preferred tasks with less preferred tasks
- Minimize Transitions
- Priming of Schedule/Staff Changes
- Home Base
- Make sure task is appropriate
- Break down Steps
- Flexibility
- Prepare activities, people, environment ahead of time



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## Environmental Strategies

- Venn Diagrams/Webbing
- Time Lines
- Choice Cards
- Break Cards
- Schedule Break Time (don't inadvertently reinforce it)

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## OCD - Diagnosis

- You must have obsessions and compulsions
- The obsessions and compulsions must significantly impact your daily life
- You may or may not realize that your obsessions and compulsions are excessive or unreasonable
- Obsessions:
  - Intrusive, repetitive and persistent thoughts, urges, or images that cause distress
  - The thoughts do not just excessively focus on real problems in your life
  - You unsuccessfully try to suppress or ignore the disturbing thoughts, urges, or images
  - You may or may not know that your mind simply generates these thoughts and that they do not pose a true threat
- Compulsions:
  - Excessive and repetitive ritualistic behavior that you feel you must perform, or something bad will happen. Examples include hand washing, counting, silent mental rituals, checking door locks, etc.
  - The ritualistic compulsions take up a least one hour or more per day
  - You perform these physical rituals or mental acts to reduce the severe anxiety caused by the obsessive thoughts.

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## OCD

### High functioning ASD – CBT and Exposure and Response Prevention (ERP)

- Lehmkuhl and colleagues (2008) – Case study with ERP
- Russell and colleagues (2013) - CBT with larger sample size using randomized controlled trial

Limitations – although demonstrating effectiveness in literature, more research needed to confirm.

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## Psychopharmacology

- Warning: children with ASD process medications differently
- A Medication Guide for ASD
  - <https://www.autismspeaks.org/tool-kit/atnair-p-medication-decision-aid>
  - Tracking behavior and medication effects

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Common Medications Used to Treat ASD			
Medication Type	Target Behaviors	Common Side Effects	Possible Side Effects
<b>Stimulant Medications</b>			
• Methylphenidate (Ritalin, Metadate, Concerta, Methylphenidate ER) • Amphetamine (Adderall) • Mixed amphetamine salts (Adderall) • Dextroamphetamine (Dexedrine) • Lisdexamfetamine (Vyvanse)	Hypersensitivity Short attention span/impulsive behaviors	Common: Problems falling asleep/Less appetite/irritability/emotional outbursts	Less common: Anxiety/Depression, Social withdrawal/Repeating behaviors/thoughts/Headaches/Dizziness/Changes in heart rate/Tics
<b>Alpha-2 Agonist Medications</b>			
• Guanfacine (Tenex, Intuniv) • Clonidine (Catapres, Caprenin TTS, Kapvay)	Hypersensitivity Short attention span/impulsive behaviors/Sleep problems/Tics	Common: Sleepiness/Irritability	Less Common: Aggression/Loss appetite/Low blood pressure/Constipation
<b>Ant-Anxiety Medications</b>			
• Buspirone (BuSpar) • Sertraline (Zoloft) • Paroxetine (Paxil) • Citalopram (Celexa) • Escitalopram (Lexapro)	Depression Anxiety/Repeating thoughts/Repeating behaviors/Tics	Common: GI problems (nausea, vomiting, constipation, low appetite) Headaches/Problems falling asleep/Sleepiness/Agitation/Weight gain	Less common: Seizure Thoughts of harming self/Suicide/Serotonin syndrome
<b>Second generation atypical antipsychotics</b>			
• Risperidone (Risperdal) • Aripiprazole (Arista) • Quetiapine (Seroquel) • Ziprasidone (Geodon) • Lurasidone (Latuda)	Irritability Self-injury/Tantrums/Sleep problems/High activity level/Repeating behaviors/Tics	Common: Sleepiness/Drooling/Increased appetite/weight gain	Less common: High blood sugar, diabetes/High cholesterol/Tardive dyskinesia (abnormal movements)/Quinestrol – eye side effects/Ziprasidone – heart side effects
<b>Medications for Seizures and Mood Problems</b>			
• Carbamazepine (Tegretol, Carbatrol) • Valproic acid (Depakote, Depakene) • Lamotrigine (Lamictal) • Levetiracetam (Keppra) • Topiramate (Topamax)	Aggression Self-injury	Common: Sleepiness Nausea/Vomiting	Less common: Dizziness/Memory problems/Rashes/Headaches/Liver failure, Pancreatitis/Bone marrow suppression, Thrombocytopenia

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## Psychopharmacology

### Limitations of Research and Potential Risk

- Antipsychotics are the only medication proven to be effective in reducing repetitive and stereotypical behaviors in autism based on Fair Quality Studies. Other medications, such as antidepressants or those for ADHD, have not been replicated and/or are low quality studies (e.g., small sample sizes, lacking control groups, not randomized). Antidepressants are not considered effective in treating symptoms of autism in children. Risk factors include numerous side effects.

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## Psychopharmacology

- Antipsychotics
  - McDougle and colleagues (1998)
  - 24 participants completed the trial. The experimental design was a 12-week, randomized, double-blind, placebo-controlled phase followed by a 12-week, open-label risperidone treatment phase for individuals from the placebo group
  - Observed decreased aggression, repetitive behavior, irritability, anxiety, and depression
  - Considered a “Fair Quality Study”

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## Psychopharmacology

- Risperidone (Risperdal) – FDA Approved
  - McCracken and colleagues (2002) – Research Units in Pediatric Psychopharmacology network study
  - n = 101, eight-week, double-blind placebo-controlled study
  - Ages 5-17 y, dx with autism
  - 1.8 (+ or – 0.7) mg day
  - 57% decrease on the Irritability subscale of the Aberrant behavior Checklist
  - 69% rated much improved versus 11% for placebo on the Clinical Global Impression – Improvement scale
  - Improvement on the Stereotypy and Hyperactivity subscales
  - No improvement on the Social Withdrawal or Inappropriate Speech subscales.
  - Side effect: Weight Gain

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## Psychopharmacology

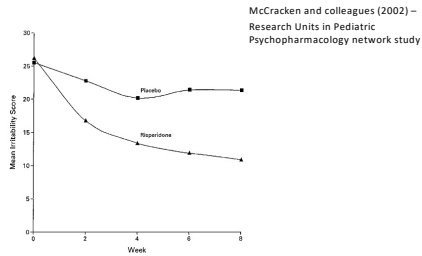


Figure 1. Mean Scores for Irritability in the Risperidone and Placebo Groups during the Eight-Week Trial. Data are for all 101 children (49 assigned to the risperidone group and 52 assigned to the placebo group). Higher scores indicate greater irritability.

## Psychopharmacology

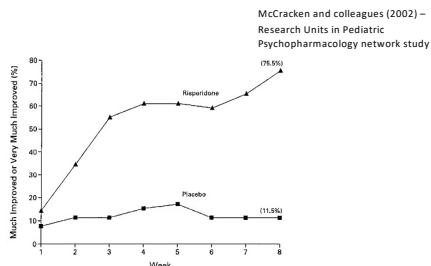


Figure 2. Percentage of Children with a Rating of Much Improved or Very Much Improved on the Clinical Global Impressions – Improvement Scale during the Eight-Week Trial. Data are for all 49 children assigned to the risperidone group and for all 52 assigned to the placebo group.

## Psychopharmacology

- Antipsychotics
  - Risperidone (Risperdal) –
    - McDougale and colleagues (2005)
    - n = 174
    - Reduced overall score on the Ritvo-Freeman Real Life Rating Scale and following subscales: Sensory Motor Behaviors, Affectual Relations, and Sensory Responses. No effects on Social Relatedness or Language.
    - Reduced scores on the Children's Yale-Brown Obsessive Compulsive Scale and Vineland maladaptive Behavior Domain.
    - Treatment response maintained for 6 months.

## Psychopharmacology

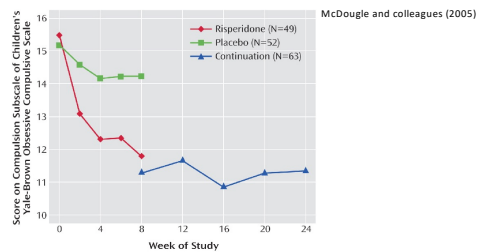


Figure 1. Scores for Compulsions on the Children's Yale-Brown Obsessive Compulsive Scale of Children and Adolescents in a Placebo-Controlled Risperidone Trial and Open-Label Continuation Study

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## Psychopharmacology

- Antipsychotics
  - Olanzapine (Zyprexa)
    - Open-label studies suggested similar efficacy (Malone et al., 2001, Potenza et al., 1999)

See Lewis & Lazortz (2005) for a review.

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## Psychopharmacology

- Limitations of Research and Potential Risk
  - Other medication studies have not been replicated and/or are low quality studies (e.g., small sample sizes, lacking control groups, not randomized). The medications discussed in the next several slides are not considered effective in treating symptoms of autism in children. Risk factors include numerous side effects.

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## Psychopharmacology

- Antidepressants
  - Tricyclics
    - Clomipramine (Anafranil)
      - Decreased compulsive behavior, stereotypies, aggression and self-injury (Gordon et al, 1993)
  - SSRIs
    - Fluvoxamine (Luvox)
      - Decreased repetitive behavior, aggression, and inappropriate repetitive language in adults with autism (McDougle et al., 1996)
      - McDougle and colleagues repeated study in 2000 with children – limited improvement, adverse effects
      - Martin, Koenig, Anderson, & Scahill (2003) – pilot study of age-related differences. Minimized side effects by use of low initial dose with gradual increases – inconsistent responses.

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## Selective serotonin reuptake inhibitors (SSRIs) Review

- There is no evidence of effect of SSRIs in children and possible emerging evidence of harm.
  - One study reported significantly more adverse events in children on citalopram compared to placebo and one serious adverse event, a prolonged seizure (King, 2009). Both studies of fenfluramine reported adverse effects in children, including withdrawal and sadness that prompted dosage changes (Barthelemy, 1989) and weight loss (Barthelemy, 1989, Leventhal, 1993).
  - No significant differences were reported for side effects in children in the treatment or placebo group for fluoxetine (Hollander, 2005) and little information was available for side effects in children in the fluvoxamine study (Sugie, 2005).

(Williams and colleagues, 2013)

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## Selective serotonin reuptake inhibitors (SSRIs) Review

- There is limited evidence of the effectiveness of SSRIs in adults from small studies in which risk of bias is unclear.
  - Some reported improvements in:
    - Clinical global impression (fluvoxamine and fluoxetine)
    - Obsessive-compulsive behaviors (fluvoxamine)
    - Anxiety (fluoxetine)
    - Aggression (fluvoxamine).

(Williams and colleagues, 2013, Reiersen & Handen, 2011)

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## Psychopharmacology

- Stimulants
  - Methylphenidate
  - Posey and colleagues (2005)
  - 72 children, ages 5-15 years with ASD with hyperactivity
  - Effect sizes ranging from 0.20 to 0.54 depending on dose and rater.
  - Thirty-five (49%) of 72 enrolled subjects were classified as methylphenidate responders.
  - Adverse effects led to the discontinuation of study medication in 13 (18%) of 72 subjects.

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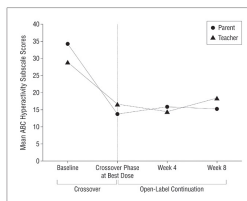
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## Psychopharmacology

Posey and colleagues (2005)



- **Figure 2.** Mean Aberrant Behavior Checklist (ABC) hyperactivity subscale scores as rated by teachers and parents at baseline, at the best dose of methylphenidate during the crossover phase, and during the methylphenidate hydrochloride open-label continuation phase. Linear slopes were used to examine the change in the primary outcome measure over time during the 8-week open-label continuation phase. Parent-rated ( $F = 1.09$ ;  $P = .30$ ) and teacher-rated ( $F = 3.01$ ;  $P = .10$ ) ABC hyperactivity subscale score slopes were not significantly different from 0, suggesting a maintenance of response.

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## Psychopharmacology

- Stimulants
  - Ritalin, Concerta, Metadate (Handen et al., 2000; Quintana et al., 1995, Ghanizadeh et al., 2019)
    - Improvement in symptoms of hyperactivity
    - Side effects: social withdrawal and irritability
  - Clonidine (Catapres) (Rankhauser et al., 1992; Jaselskis et al., 1992, Ming et al., 2008)
    - Reduced irritability, hyperactivity, and impulsivity in double-blind trials
    - Side effects: tolerance, hypotension, rebound hypertension, over-sedation
  - Guanfacine (Tenex) (Posey et al., 2004, Jahagirdar & Mahood, 2023)
    - Limited evidence. Improvements in insomnia, tics, hyperactivity and inattention (less sedation and rebound effect)

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## Psychopharmacology

- Divalproex (Depakote)
  - Improved affective stability, impulsivity, and aggression (Hollander and colleagues, 2001, 2009)
- Buspirone (Buspar)
  - Reduction of aggressive symptoms and anxiety in small sample of adults with ID (Ratey et al., 1991)
  - Improved hyperactivity (Realmuto et al., 1989)
  - Limited data indicates low-dose may be effective in treating RRB as well as anxiety, irritability, and hyperactivity (Gupta et al., 2023)

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## Psychopharmacology: Ethical Considerations

- Do individuals with ASD process medication differently than neurotypical individuals???

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## Challenging Behaviors: Behavioral Techniques

### INCREASING DESIRABLE BEHAVIORS

- Reinforcement: Something serves as reinforcement if
  - 1) it immediately follows a behavior and
  - 2) it increases the frequency of that behavior in the future.
- Positive and Negative Reinforcement
- Noncontingent Reinforcement
- Reinforcement Hierarchy

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## Challenging Behaviors: Behavioral Techniques



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## Challenging Behaviors: Behavioral Techniques

### Token Economy System

- A token should be something that the child can see, touch, and/or count.
- Child must be able to store and/or see how many tokens earned.
- Child must be able to exchange the tokens for actual rewards (back-up reinforcers) as frequently as necessary to maintain the child's motivation.
- Child should not be able to obtain a token from sources other than the parent, teacher, aide, etc.
- Child must know the token can be exchanged for various desirable rewards and be able to know in advance how many tokens are needed to "purchase" particular rewards. We can tell how much they value the tokens by how they take care of them, how they respond when they are administered, and even if they try to take them from other children.
- In some cases, tokens may be tally marks, etc., but other than this, the token should not be so large or small that the child is prevented from handling it.

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## Challenging Behaviors: Behavioral Techniques

### Administering Tokens

- Administration of tokens SHOULD always be paired with verbal praise. Physical contact is good to give if reinforcing to the child.
- Tell the child WHY she/he earned a token (e.g., "I like the way you are sitting in your seat", "Good setting the table")
- With higher-level children, it is helpful if they know how many tokens they are earning for an activity before starting.
- Tokens must be given immediately after the behavior occurs, no matter how often the behavior occurs.
- Tokens should be given frequently for target behaviors.
- Give tokens CONSISTENTLY, IMMEDIATELY, AND CONTINUOUSLY at first and as the behavior gets stronger, gradually increase the amount and difficulty of the behavior required for the same back-up reinforcer.

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## Challenging Behaviors: Behavioral Techniques

Name: Tommy	Week:				
Behavior	Mon	Tues	Wed	Thurs	Fri
Say Hello to my teacher	☺				
Have good eye contact	☺				
Ask a friend to play	☺				
Take turns talking and playing	-				
<b>Total Stickers/Points</b>	3				
<div> 3-4 Stickers/Smiling Faces  Daily Reward:  Barbecue Chips  Stay up 15 minutes later  15 minutes extra on computer </div> <div> 17-20 Stickers/Smiling Faces  Weekly Reward:  Go out for ice cream  Go to movie </div>					

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## Challenging Behaviors: Behavioral Techniques

### Ways to Teach Desirable Behaviors

#### Prompting

- Prompts are cues given by others in order to obtain the desired response. Prompts direct the learner's attention to the task at hand and its requirements. The purpose of a prompt is to give staff an opportunity to reinforce the desired behavior when it occurs.

#### Types of prompts:

- Verbal prompts are simply instructions that people give to a child. Verbal prompts may be given either spoken or singed.
- Gestural prompts consist of pointing or gesturing and indicates what the child should do.
- Physical prompts (or physical guidance) involves using physical contact to guide the child.
- Environmental prompts are things such as signs, posters (e.g., list of classroom rules).

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## Challenging Behaviors: Behavioral Techniques

### Ways to Teach Desirable Behaviors

#### Fading

- Fading is the gradual elimination of prompts so that the learner is responding to the minimal cues that exist in the natural environment.
- Fading is used when a new behavior has been established and the child no longer needs as much direction. As soon as the behavior occurs without hesitation at your prompt, it's time to start fading the prompt. The purpose of fading is to increase the child's independent performance of the behavior so that the child does not rely on prompts to perform the behavior.

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## Challenging Behaviors: Behavioral Techniques

### Ways to Teach Desirable Behaviors

#### Shaping

- Shaping is a procedure used to establish single, simple behavior. To shape a response, we start with a behavior a child can already perform and reinforce each "step in the right direction."

#### Steps in Shaping

- Observe the child to determine exactly what abilities the child displays in connection with the target behavior. We break down the behavior into little parts to see what the child CAN do.
- Arrange the setting for the maximum likelihood that the behavior will occur. If the behavior involves other people, or if particular environmental cues are necessary, arrange to have them present during shaping.
- Define the first approximation/step in the right direction that you will reinforce.
- Reinforce steps in the right direction toward the target response. Use the most powerful reinforcers you can. Reward these in-between steps with lots of praise, a hug, or whatever is reinforcing for your child.
- Use verbal, gestural, or physical prompts (only what's necessary) at all stages of the process.

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## Challenging Behaviors: Behavioral Techniques

### Ways to Teach Desirable Behaviors

#### Chaining

- Chaining is used to teach a more complex series of behaviors. Chaining teaches sequence of related behaviors, each of which provides the cue for the next, and the last of which produces a completed task.
- The goal of chaining is to tie together already existing behaviors (which may have been shaped previously) so the child can do the sequence independently – without any verbal prompting for "what comes next". Behaviors we chain include eating breakfast, setting the table, getting dressed/undressed, etc.

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## Challenging Behaviors: Behavioral Techniques

### DECREASING BEHAVIORS

- **Punishment:** By definition, something serves as punishment if: 1) it immediately follows a behavior and 2) it decreases the frequency of that behavior in the future.
- We can decrease unwanted behaviors through a variety of methods. The following list ranges from least to most intrusive.
  - Extinction/Ignoring
  - Differential reinforcement of others (DRO)
  - Response cost
  - Time Out
  - Physical restraint - Not used in our practice
- You should use the least intrusive punisher so that the child has the opportunity to have the most independent control over his or her actions.

From Olson & Marker (2000). Inservice Training Manual – Pine Grove School.

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## Challenging Behaviors: Behavioral Techniques

Although punishment can suppress behavior when used correctly, it has its disadvantages. It is not the best way to change behavior because:

- The child will try to avoid future punishment by doing less in general (the fewer "things" you do, the less likely you are to get punished). Repeated punishment leads to social withdrawal, depression, or lack of motivation. To avoid this make sure the child knows what behavior leads to being punished, so only that specific behavior will decrease.
- It may produce emotional behavior: the child may become nervous or upset prior to being punished.
- The child may become aggressive toward the parent, staff, or children.
- Negative modeling may occur: you risk teaching the child how to react when others are not doing what they want.
- The child may attempt to escape or avoid the punishment by avoiding the punisher, even when the child is not being punished.

**Challenge:** Try giving at least 6 reinforcers for every 1 punishment

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## Behavioral Techniques: Functional Behavioral Assessment

### Finding Solutions for Problem Behaviors: ABC Analysis

- **ABC Analysis is a process for gathering information about the environmental stimuli that are controlling the behavior.**
- Antecedents (A)  
Antecedents are things or situations which happen before the target behavior. Examples of antecedents are asking a question, time of day, loud noise, a particular toy, etc. Certain behavior may regularly follow each of these antecedents.
- Behavior (B)  
This is the target behavior we are studying. It is very important to be specific in our descriptions so that others could easily recognize it.
- Consequences (C)  
Consequences are things or situations which immediately follow a particular behavior. They serve two purposes: to increase the behavior or to decrease the behavior that just happened.

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## Behavioral Techniques: Functional Behavioral Assessment

### Antecedent Analysis

There are several types of antecedents (also environmental stimuli):

- Cues the child gives
- Prompts others give
- Situations
- People
- Time of Day
- Activity
- Physical Setting

From Olson & Marker (2000). Inservice Training Manual – Pine Grove School.

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## Behavioral Techniques: Functional Behavioral Assessment

### Analysis of Function

- Two main functions of behavior:
  - To OBTAIN something desirable or communication
  - To AVOID/ESCAPE something undesirable
- By identifying the variables that maintain a behavior, we can also identify more adaptive ways of obtaining the same function.

**Always teach a more appropriate behavior  
in a manner that makes meaning for the child.**

From Olson & Marker (2000). Inservice Training Manual – Pine Grove School.

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## Behavioral Techniques: Functional Behavioral Assessment

### Classification of “Obtaining”

- Obtain attention/Communication attempt
  - If you believe that a child’s behavior serves to obtain attention, then the child will perform this behavior more often if he/she gets attention. We would want to teach the child a more adaptive behavior for obtaining attention from others.
- Obtain activities
  - A child’s behavior may be to obtain an activity.
- Obtain internal stimulation
  - A child may engage in a behavior in order to stimulate him/herself internally. In some cases, self-injurious behavior occurs for self-stimulation. The child may also be bored or may enjoy the sensory stimulation. As a result, you may try to teach the child another way of stimulating him/herself more appropriately.

From Olson & Marker (2000). Inservice Training Manual – Pine Grove School.

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## Behavioral Techniques: Functional Behavioral Assessment

### Classification of “Escaping/Avoiding”

- Escape/Avoid attention
  - Sometimes maladaptive behavior may occur when a child wants to be left alone. As an adaptive behavior, you may want to teach the child a more appropriate way of asking for a break.
- Escape/Avoid tasks
  - Escape of tasks and demands is very common. A child may perform a maladaptive behavior to get out of doing a task. Make sure to monitor the difficulty of tasks.
- Escape/Avoid internal stimulation
  - Some children have difficulty with internal stimulation. They may be overly sensitive or may not like a particular type of stimulation.

From Olson & Marker (2000). Inservice Training Manual – Pine Grove School.

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## Behavioral Techniques: Functional Behavioral Assessment

### CASE EXAMPLE:

1) While playing with some of the kids at recess, Angela calls Bob a mean name. Bob pushes Angela and knocks her to the ground. The other kids run away.

A = Antecedent	B = Behavior	C = Consequences

Function: To obtain and/or avoid

Appropriate Behavior to Teach:

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## Behavioral Techniques: Functional Behavioral Assessment

### CASE EXAMPLE:

1) While playing with some of the kids at recess, Angela calls Bob a mean name. Bob pushes Angela and knocks her to the ground. The other kids run away.

A = Antecedent	B = Behavior	C = Consequences
ANGELA CALLS BOB MEAN NAME	BOB PUSHES ANGELA	KIDS RUN AWAY

Function: To obtain and/or avoid

Appropriate Behavior to Teach:

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## Behavioral Techniques: Functional Behavioral Assessment

### CASE EXAMPLE:

1) While playing with some of the kids at recess, Angela calls Bob a mean name. Bob pushes Angela and knocks her to the ground. The other kids run away.

A = Antecedent	B = Behavior	C = Consequences
ANGELA CALLS BOB MEAN NAME	BOB PUSHES ANGELA	KIDS RUN AWAY

Function: To obtain and/or avoid **COMMUNICATES ANGER, AVOID KIDS**

Appropriate Behavior to Teach: - **BEFORE GETTING TO RECESS, TEACH HOW TO COMMUNICATE FEELINGS AND ASK FOR HELP. REINFORCE POSITIVE INTERACTIONS WHILE AT RECESS.**

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## Behavioral Techniques: Functional Behavioral Assessment

### CASE EXAMPLE:

2) Joe is drawing cartoon figures when his teacher tells him to get out his Math book. Joe continues to draw and doesn't respond to his teacher. Five minutes later, his teacher asks Joe to get his Math book out again.

A = Antecedent	B = Behavior	C = Consequences

Function: To obtain and/or avoid

Appropriate Behavior to Teach:

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## Behavioral Techniques: Functional Behavioral Assessment

### CASE EXAMPLE:

2) Joe is drawing cartoon figures when his teacher tells him to get out his math book. Joe continues to draw and doesn't respond to his teacher. Five minutes later, his teacher asks Joe to get his math book out again.

A = Antecedent	B = Behavior	C = Consequences
<b>TEACHER TELLS HIM TO GET OUT MATH BOOK</b>	<b>JOE CONTINUES TO DRAW</b>	<b>JOE CONTINUES TO DRAW, FIVE MINUTES LATER, TEACHER ASKS AGAIN</b>

Function: To obtain and/or avoid

Appropriate Behavior to Teach:

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## Behavioral Techniques: Functional Behavioral Assessment

### CASE EXAMPLE:

2) Joe is drawing cartoon figures when his teacher tells him to get out his math book. Joe continues to draw and doesn't respond to his teacher. Five minutes later, his teacher asks Joe to get his math book out again.

A = Antecedent	B = Behavior	C = Consequences
<b>TEACHER TELLS HIM TO GET OUT MATH BOOK</b>	<b>JOE CONTINUES TO DRAW</b>	<b>JOE CONTINUES TO DRAW, FIVE MINUTES LATER, TEACHER ASKS AGAIN</b>

Function: To obtain and/or avoid **OBTAIN DRAWING, AVOID GETTING OUT MATH BOOK**

Appropriate Behavior to Teach: **WHEN JOE CAN DRAW, VISUAL SCHEDULE FOR SUBJECTS, PRIME FOR HOW MUCH TIME HE HAS TO DRAW BEFORE GETTING OUT MATH BOOK, REINFORCE**

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## Behavioral Techniques: Functional Behavioral Assessment

### CASE EXAMPLE:

3) While the class is engaged in small group activities that require talking, your child, Ally, rocks back and forth.

A = Antecedent	B = Behavior	C = Consequences

Function: To obtain and/or avoid

Appropriate Behavior to Teach:

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## Behavioral Techniques: Functional Behavioral Assessment

### CASE EXAMPLE:

3) While the class is engaged in small group activities that require talking, your child, Ally, rocks back and forth.

A = Antecedent	B = Behavior	C = Consequences
<b>GROUP ACTIVITY</b>	<b>ALLY ROCKS</b>	<b>GROUP ACTIVITY CONTINUES</b>

Function: To obtain and/or avoid

Appropriate Behavior to Teach:

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## Behavioral Techniques: Functional Behavioral Assessment

### CASE EXAMPLE:

3) While the class is engaged in small group activities that require talking, your child, Ally, rocks back and forth.

A = Antecedent	B = Behavior	C = Consequences
<b>GROUP ACTIVITY</b>	<b>ALLY ROCKS</b>	<b>GROUP ACTIVITY CONTINUES</b>

Function: To obtain and/or avoid **OBTAIN INTERNAL STIMULATION/CALMING MECHANISM**

Appropriate Behavior to Teach: **BEFORE STARTING GROUP ACTIVITY, TEACH HOW TO ASK FOR A BREAK OR HOW TO RELAX, REINFORCE**

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# Behavioral Techniques: Problem Solve Challenging Behaviors

A = Antecedent	B = Behavior	C = Consequences

Function: To obtain and/or avoid

Appropriate Behavior to Teach:

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Thank you!  
caradaily@dailybh.com

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## Fostering Social-Emotional Learning Skills for Academic Success Using Brain-Behavior Relationships




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**THE OTTAWA CONFERENCE ON BEHAVIOURAL, DEVELOPMENTAL AND EMOTIONAL CHALLENGES WITH CHILDREN, ADOLESCENTS AND YOUNG ADULTS**  
 OTTAWA, ON | MAY 28-30, 2025  
 Presented By: Cara Dally, Ph.D., Steven G. Feifer, D.Ed., ABPdN, Caroline Buzonke, Ph.D., R. Psych


1

## Dr. Feifer's Journey 1992 – present




- Nationally certified **school psychologist** 20+ years
- Board certified in **school** and **pediatric** neuropsychology
- 2008 *Maryland School Psychologist of the Year*
- 2009 *National School Psychologist of the Year*
- Author: **8 books** on learning and emotional disorders
- Test Author: **FAR & FAM & FAW & FACT**
- Currently in private practice in Frederick, Maryland  
[www.schoolneuropsychpress.com](http://www.schoolneuropsychpress.com)

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## PRESENTATION OUTLINE

- ➔ **Defining Trauma**
  - Trauma and Mental Health
  - Trauma and the Brain
  - Trauma and Academic Functioning
  - Strategies to Address School Anxiety
  - 5 Pillars of a Trauma Informed School




3




## PREVALENCE OF TRAUMA


- **26%** of children will have experienced or witnessed a traumatic event by their **4<sup>th</sup>** birthday, and **2/3<sup>rd</sup>**s of children report one traumatic event by age 16 (SAMHSA, 2020).
- \* A traumatic event is defined by APA as a direct or **perceived** threat rendering a child feeling overwhelmed and fearful of their safety.
- \* Traumatic stress reactions in children often lead to difficulty self-regulating emotions, heightened aggression, lack of trust, and poor **school performance** (Diamanduros et al, 2018).



Washington DC: "March for our lives"  
March 24<sup>th</sup>, 2018



4



## SUBTYPES OF TRAUMA


(NCTSN, 2021)

**Bullying (peer victimization)** - a deliberate attempt to inflict social, emotional, physical, and/or psychological harm to someone perceived as being less powerful. Bullying can be physical (hitting, tripping, kicking, etc.), verbal (teasing, taunting, threatening, sexual comments), social (spreading rumors, embarrassing someone in public) or include cyberbullying through social media.

**Community Trauma** - exposure to intentional acts of interpersonal violence committed in public areas including homicides, sexual assaults, robberies, shootings, gang related violence and weapons attacks.


**Complex trauma** - exposure to multiple traumatic events often of an invasive and interpersonal nature, such as abuse, sexual abuse, or profound neglect. The trauma often occurs early and often in life, and can disrupt the ability to form secure attachments.

**Early childhood trauma** - traumatic experiences that occur in children aged 0-6. Examples include physical or sexual abuse, natural disasters, accidents, or war. Young children also may experience trauma in response to painful medical procedures or the sudden loss of a parent/caregiver.



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## SUBTYPES OF TRAUMA



(NCTSN, 2021)

**Intimate Partner Violence (IPV)** - occurs when an individual purposely causes harm to a partner or spouse. Tactics used in IPV can be physical, sexual, financial, verbal, or emotional in nature and can also include stalking, terrorizing, humiliation, and intentional isolation from social supports and family.

**Pediatric medical trauma** - refers to a set of psychological and physiological responses of children and their families to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences.

**Physical abuse** - one of the most common forms of child maltreatment that results in physical injury to a child such as red marks, cuts, welts, bruises, muscle sprains, or broken bones, even if the injury was unintentional


**Sexual abuse** -any interaction between a child and an adult in which the child is used for the sexual stimulation of the perpetrator or an observer.

6

6

## WHAT IS CHILDHOOD TRAUMA?



WHAT CAN CHILDHOOD TRAUMA LOOK LIKE IN ADULTS?

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Quality Work-Arounds & Online Learning


- 1. Physiological** - Trauma is not necessarily a particular event but rather the culmination of events that sensitizes the nervous system to fear.
- 2. Psychological** - a fear of **both** the event and the fear itself. We fear of not being in control of our body and therefore not being in control of our emotions. This leads to stress.
- 3. Mental Health** - trauma leads to poor self-esteem, **anxiety**, depression, mood instability erodes trusting relationships, and poor school performance.

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## SYMPTOMS OF TRAUMA


Physiological Symptoms (anxiety disorder?)	Behavioral Symptoms (withdrawal/depression?)	Psychological/Cognitive Symptoms (ADHD)
Shallow Breathing	Work Refusal	Inconsistent attention
Facial Flushing	School Refusal	Irritability
Excessive Sweating	Avoiding unstructured areas	Mind goes blank during tests
Hand Tremors	Sensitivity to loud sounds	Loses train of thought
Dizziness	Rarely volunteers in class	Poor organization
Dilated Pupils	Speaks in a hushed voice	Easily angered
Fatigue	Does not initiate peers	Poor emotional self-regulation
Muscle Tension	Avoids cafeteria	Distrusts authority figures
Chest pains	Often visits school nurse	Irrational fears

8




## PRESENTATION OUTLINE

- Defining Trauma
- ➔ ▪ **Trauma and Mental Health**
- Trauma and the Brain
- Trauma and Academic Functioning
- Strategies to Address School Anxiety
- 5 Pillars of a Trauma Informed School



9





## WARNING SIGNS OF MENTAL HEALTH DISORDER

### Warning signs of a mental health issue?

Percent of parents who would be concerned about their adolescent if they noticed the following signs


Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2022

Frequent comments about being worried or anxious	65%
Moodiness	64%
Decreased interaction with family	63%
Drop in grades	61%
Change in sleep	53%
Change in eating patterns	49%





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## SUBTYPES OF STRESS & ANXIETY




**POSITIVE**  
Brief increases in heart rate, mild elevations in stress hormone levels.


**TOLERABLE**  
Serious, temporary stress responses, buffered by supportive relationships.

**TOXIC**  
Prolonged activation of stress response systems in the absence of protective relationships.

1. **Positive** – normal and essential part of healthy development. Key to building **resiliency** to overcome adversity!
2. **Tolerable** – more severe and longer lasting. Examples might be loss of a loved one, divorce, or a frightening injury. Key is to have healthy **relationships** and support at home.
3. **Toxic** – chronic and often severe such as physical or emotional neglect and abuse, exposure to violence, etc. There is prolonged activation of the stress response system with little adult support to buffer the stressful situation. Needs a **therapeutic** intervention.

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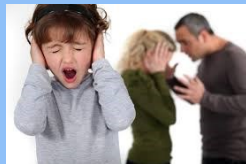
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## DEFINING TOXIC STRESS

(US NATIONAL ACADEMY OF SCIENCES, ENGINEERING AND MEDICINE, 2019)

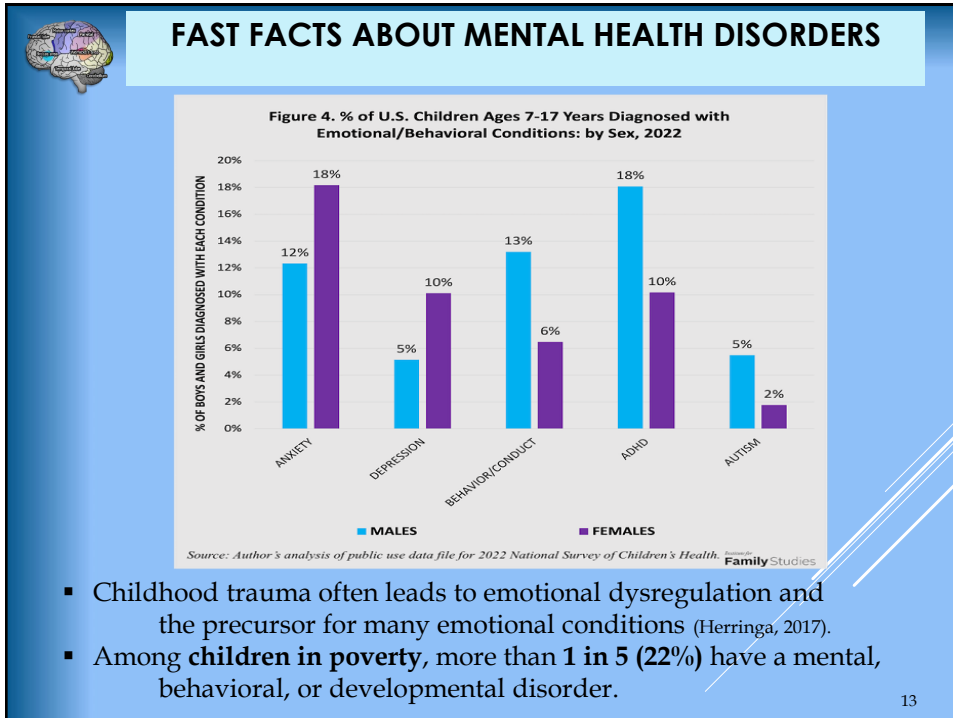
- Prolonged and **dysregulated** activation of the stress response system that disrupts the development of the **brain** and increases the risk for **psychological** impairment.
- The **toxic stress response** can occur when a child experiences strong, frequent, or prolonged adversity – such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or economic hardship – without adequate adult support.
- Toxic stress increases the lifelong risk for **physical** and **mental health** disorders.



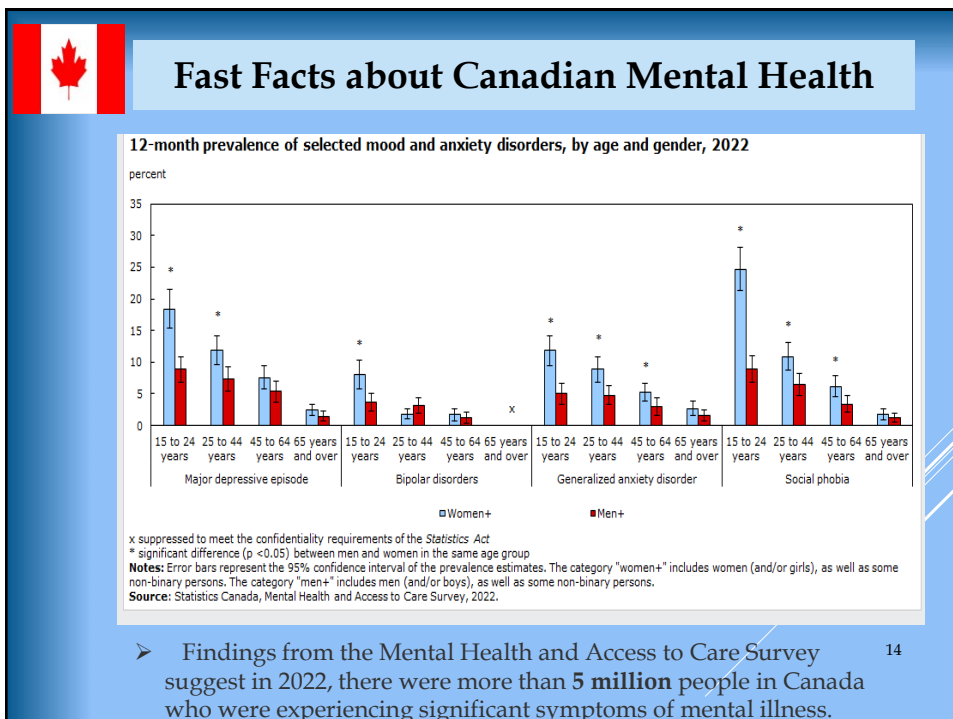
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## Fast Facts about Canadian Mental Health

**Key statistics from the *State of Mental Health in Canada 2024***

- Provinces are only spending an average of 6.3% of their overall health budgets on mental health. They should be spending closer to 12%.
- 2.5 million people with mental health needs in Canada reported that they weren't getting adequate care.
- Canadians report having "**poor**" or "**fair**" mental health three times more often than before the pandemic (26% in 2021 vs. 8.9% in 2019).
- Approximately 38% of Indigenous Peoples reported their mental health was "poor" or "fair".
- Fifty-seven percent (57%) of young people (aged 18-24) who had early signs of a mental illness said that cost was an obstacle to getting mental health services.

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## SUMMARY: Canadian Mental Health

Statistics Canada, 2024

- The percentage of Canadians aged 15 years and older who met the diagnostic criteria for a mental health condition (*i.e. major depressive episode, bipolar disorder, and generalized anxiety disorder, etc..*) has **increased in the past 10 years**, whereas the prevalence of alcohol use disorders has **decreased**.
- Youth (ages 15-24), especially women, were most likely to have met diagnostic criteria for a **mood or anxiety disorder** based on their symptoms.
- Only half of the people who met diagnostic criteria for a mood, anxiety, or substance use disorder talked to a health professional about their mental health in the past **12 months** before the survey.
- Unmet needs for counseling or psychotherapy were **higher** than unmet needs for medication or information about mental health.



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## Fast Facts about Canadian Mental Health

Statistics Canada, 2024

### Barriers to Counseling and Therapy:

- Shortage of mental health workers
- Long wait times for community mental health workers
- Affordability
- Desire for a quicker fix to problems
- Stigma of admitting help
- Additional thoughts??

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**DEVELOPING**  
TRAUMA-INFORMED SCHOOLS

## PRESENTATION OUTLINE

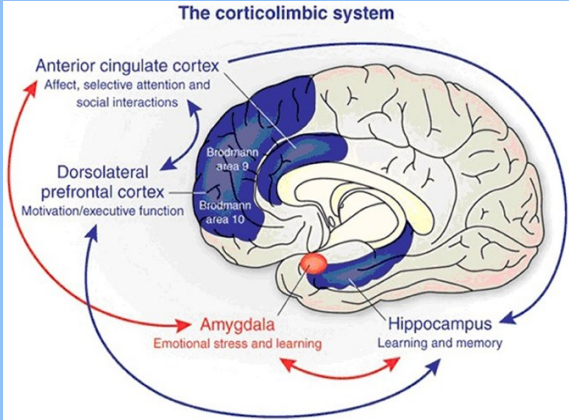
- Defining Trauma
- Trauma and Mental Health
- ➔ **▪ Trauma and the Brain**
- Trauma and Academic Functioning
- Strategies to Address School Anxiety
- 5 Pillars of a Trauma Informed School

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## CORTICOLIMBIC SYSTEM AND TRAUMA

**The corticolimbic system**




**1. Amygdala** – responds to **unfamiliar** and **unexpected** events (Kagan, 2007). ...Trauma alters our **threat perceptions**, and interprets benign situations as dangerous.

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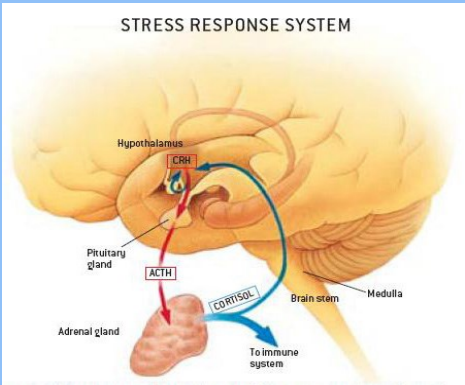
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## STRESS RESPONSE SYSTEM

**Cortisol** – a glucocorticoid (glucose-cortex-steroid) that regulates the metabolism of glucose in the brain. A homeostasis of cortisol is needed for optimal brain functioning and efficient mobilization. Too much (*Cushing's Syndrome*)...too little (*Addison's Disease*).



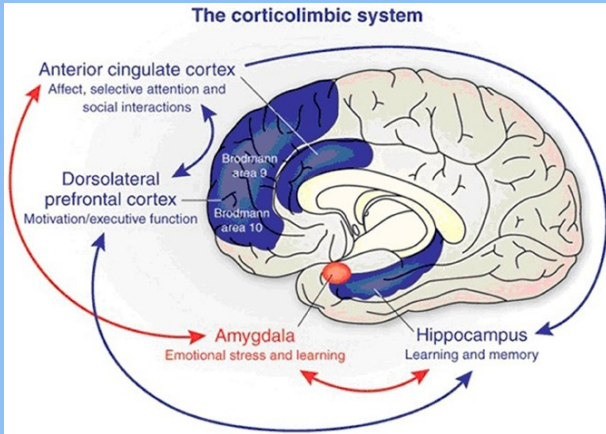
- Stress impacts body by lowering **immune system**, and also by reducing sleep.
- Stress alters amygdala to PFC connections leading to impairments in **executive functioning** (Berens et al., 2017).
- Anxiety impacts cognition and learning by way of **working<sup>20</sup> memory** (Dowker et al., 2015).

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## CORTICOLIMBIC SYSTEM AND TRAUMA

**The corticolimbic system**



**Anterior cingulate cortex**  
Affect, selective attention and social interactions

**Dorsolateral prefrontal cortex**  
Motivation/executive function

**Brodmann area 9**  
**Brodmann area 10**


**Amygdala**  
Emotional stress and learning

**Hippocampus**  
Learning and memory

**2. Hippocampus** - A key memory center and more sensitive to cognitive than emotional memories. Helps to inhibit amygdala. **Chronic stress** from abuse or neglect releases cortisol which can reduce hippocampal volume. (Johnston & Olson, 2015).  
\* Neurogenesis can occur in dentate gyrus.

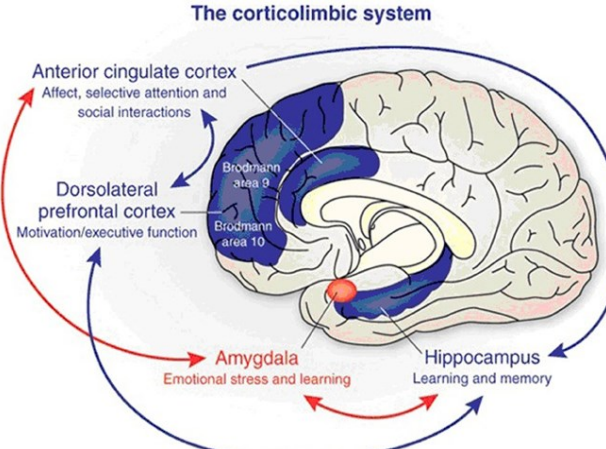
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## CORTICOLIMBIC SYSTEM AND TRAUMA

**The corticolimbic system**



**Anterior cingulate cortex**  
Affect, selective attention and social interactions

**Dorsolateral prefrontal cortex**  
Motivation/executive function

**Brodmann area 9**  
**Brodmann area 10**

**Amygdala**  
Emotional stress and learning

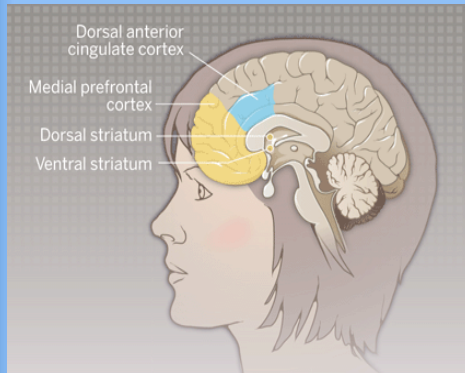
**Hippocampus**  
Learning and memory

**3. Anterior Cingulate Cortex** - Directs our attention inward toward becoming overly aware of nervous system fluctuations and visceral responses (*i.e. heart rate increases, breathing rate, perspiration, etc.*). **\*Trauma is felt in the body!**

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## FRONTAL LOBE AND TRAUMA: DORSAL ANTERIOR CINGULATE

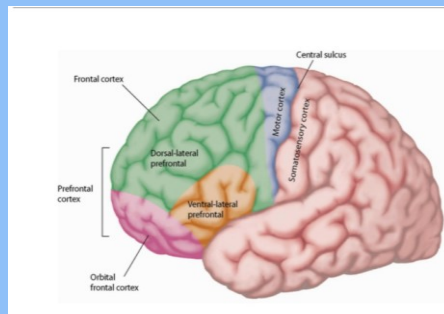


- Dorsal anterior cingulate helps regulate emotional functioning and supervises fear-based system.
- Helps interpret and regulate our emotional experiences with **language**.
- **Alexithymia** - emotional intensity of an experience impacts the ability to identify, label, and verbally communicate one's emotional state.
- 85% of PTSD patients experience alexithymia... brain imaging studies showing greater cortical thickness in dorsal anterior cingulate (Demers et al., 2015).

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## ORBITAL FRONTAL CORTEX



\* **Self-regulation of social skills functioning** - children who have been abused or neglected often experience tremendous challenges developing **trust with others** and establishing stable interpersonal relationships.

- 4. Orbital-frontal Cortex** - children with trauma have difficulty accurately identifying their own emotions, and the emotional states of others.
- **Social Dyslexia** - misread social cues, highly reactive to misperceived slights, and inability to comprehend how behavior may disrupt the learning environment.
  - **Reward Sensitivity** - neuro-imaging studies show deficits in reward sensitivity as trauma blunts positive rewards and leads to oversensitivity to negative rewards (Herzberg & Gunnar, 2019).

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### STRESS RESPONSE SYSTEM

CRH - Corticotropin-releasing hormone  
ACTH - Adrenocorticotrophic hormone

### SUMMARY OF STRESS REACTIONS

- The hypothalamic-pituitary-adrenal (HPA) system controls the endocrine system and how we respond to stress.
- Research shows abuse and neglect are associated with both increased (overarousal) and decreased (under-arousal) of HPA system.
- If exposure to stress is chronic, the body shifts to an **ongoing stress response**, even when the threat is long gone.
- Stress in utero impacts the developing brain.

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### DEVELOPING TRAUMA-INFORMED SCHOOLS

### PRESENTATION OUTLINE

- Defining Trauma
- Trauma and Mental Health
- Trauma and the Brain
- ➡ ▪ **Trauma and Academic Functioning**
- Strategies to Address School Anxiety
- 5 Pillars of a Trauma Informed School

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## Trauma and Academic Functioning


\* Trauma and anxiety impacts academic functioning in 3 primary ways:

- 1) Trusting authority figures.
- 2) Attention and engagement in the classroom.
- 3) Trauma leads to **working memory** and **executive functioning** deficits directly impacting:
  - a) Listening and reading comprehension
  - b) Written language production
  - c) Mathematical computation


\* Trauma impacts **frontal lobe functioning!**



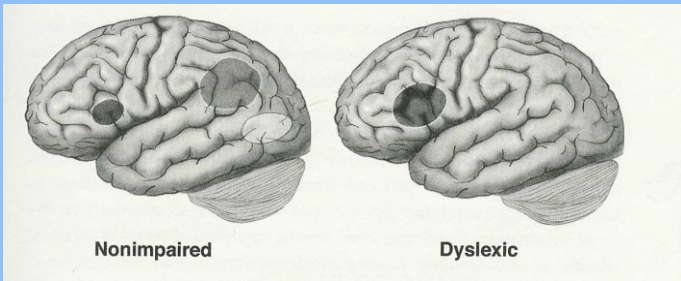
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## Trauma and Reading Comprehension




Nonimpaired                      Dyslexic

- Dyslexic students have difficulty with automatic word recognition....leading to comprehension difficulties.
- Anxiety, stress, and trauma impact reading comprehension skills though automatic word recognition remains **in-tact**.

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## DO'S AND DON'TS FOR ANXIOUS READERS

Do's	Don'ts
Praise the effort more than the outcome. Provide alternative ways to show mastery of reading without reading in front of others.	Force the student to read aloud in class. Call on a student without their hand raised.
Validate a student's fears by being empathetic while also reassuring them.	Draw attention to a student who shows signs of physical anxiety (i.e., blushing, sweating, hand tremors, voice cracking)
Take relaxation breaks and remind the student to practice breathing.	Embarrass the student in front of peers.
Share successes with caregivers	Downgrade them for being anxious rather than not know material.
Smile more and use humor to lighten the mood.	Draw undue attention to a student.
Gradually and systemically reward incremental attempts to read in front of others, starting with the least stressful situation.	Be judgmental and overly critical.
Collaborate with other pertinent school staff so all teachers approach the situation similarly.	Tell students in advance they will be reading out loud in class. It only heightens their anticipatory anxiety.

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## Executive Dysfunction & Written Language

<u>Executive Function</u>	<u>Writing Dysfunction</u>
(1) Initiating	* Poor idea generation * Poor independence
(2) Sustaining	* Lose track of thoughts * Difficulty finishing * Sentences disjointed
(3) Inhibiting	* Impulsive/Distractible
(4) Shifting	* Perseverations * "Stuck" on topic

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## Executive Dysfunction & Written Language

<u>Executive Function</u>	<u>Writing Dysfunction</u>
(5) Organization	* Frequent erasers * Forget main idea * Disjointed content
(6) Planning	* Poor flow of ideas * Lack of cohesive ties
(7) Word Retrieval	* Limited word choice * Simplistic sentences
(8) Self Monitor	* Careless miscues * Sloppy work


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## Executive Functioning and Mathematics

<u>EXECUTIVE DYSFUNCTION</u>	<u>BRAIN REGION</u>	<u>MATH SKILL</u>
<ul style="list-style-type: none"> <li>• <i>Selective Attention</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Anterior Cingulate/</i></li> <li>• <i>Subcortical structures</i></li> </ul>	<ul style="list-style-type: none"> <li>• Poor attention to math operational signs</li> <li>• Place value mis-aligned</li> </ul>
 <ul style="list-style-type: none"> <li>• <i>Planning Skills</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Dorsal-lateral PFC</i></li> </ul>	<ul style="list-style-type: none"> <li>• Selection of math process impaired</li> <li>• Difficulty determining salient information in word problems</li> </ul>


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## Executive Functioning and Mathematics

<u>EXECUTIVE DYSFUNCTION</u>	<u>BRAIN REGION</u>	<u>MATH SKILL</u>
<ul style="list-style-type: none"> <li>• Organization Skills</li> </ul>	<ul style="list-style-type: none"> <li>• Dorsal-lateral PFC</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistent lining up math equations</li> <li>• Frequent erasers</li> <li>• Difficulty setting up problems</li> </ul>
 <ul style="list-style-type: none"> <li>• Self-Monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Dorsal-lateral PFC</li> </ul>	<ul style="list-style-type: none"> <li>• Limited double-checking of work</li> <li>• Unaware of plausibility to a response.</li> </ul>
<ul style="list-style-type: none"> <li>• Cues Pattern Recognition</li> </ul>	<ul style="list-style-type: none"> <li>• Dorsal-lateral PFC</li> </ul>	<ul style="list-style-type: none"> <li>• Symbolic reasoning</li> <li>• Timed subtests compromised</li> </ul>


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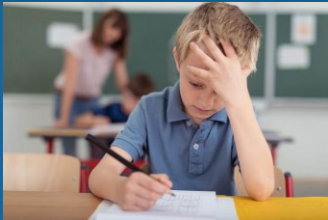
## PRESENTATION OUTLINE

**DEVELOPING TRAUMA-INFORMED SCHOOLS**

- Defining Trauma
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## Is Anxiety Normal?

### ANXIETY

A normal reaction to stress or difficult times..

Triggered by a specific stressor.

Has a start and ending point.

Can be helpful or motivational.

Lessens significantly or disappears away from stressful situations.

Relaxing often helps you feel better.

A response to toxic situations.

Blessing/Manifesting

### ANXIETY DISORDERS

Often comes out of nowhere.

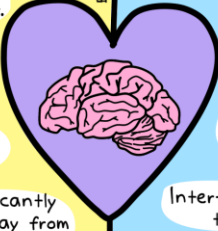
Intense or disproportionate emotional response.

Ongoing and lasts weeks or months.


Interferes with day-to-day life.

Physical symptoms like sweating, trembling, lightheadedness, racing heart.


Feels impossible to control or manage.



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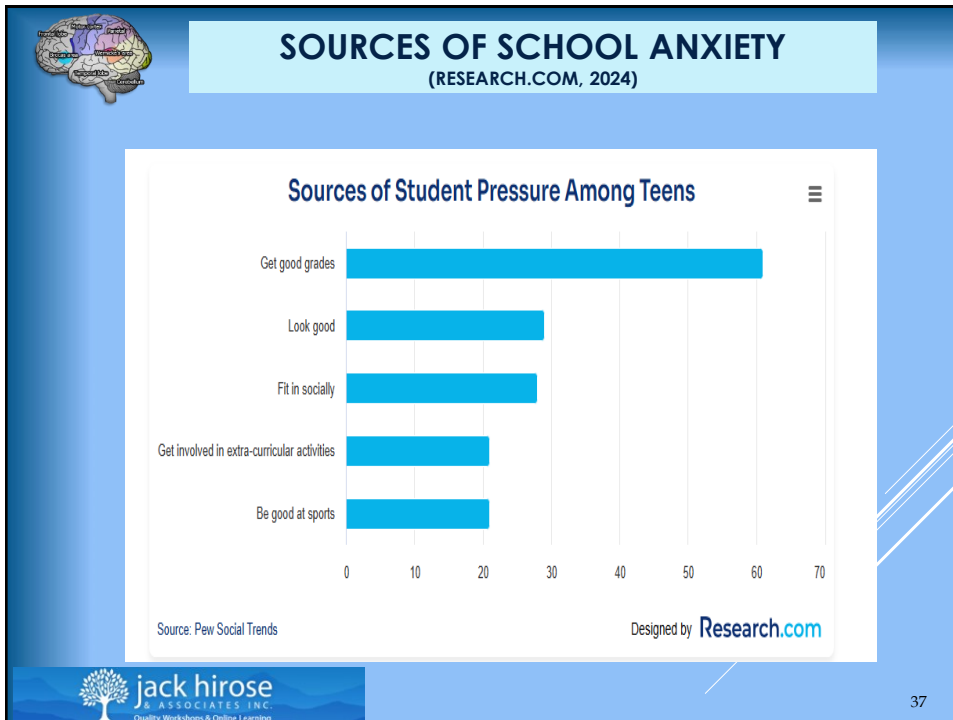
## Main Subtypes of Pediatric Anxiety Disorders

1. **Generalized Anxiety Disorder** – most common, and characterized by excessive **worry**, restlessness, and difficulty concentrating.
2. **Separation Anxiety** – excessive fear and anxiety from being separated from caregiver.
3. **Social Anxiety** – fear of being embarrassed or humiliated in a **social** or **performance** situation. Often related to fearing physiological symptoms of anxiety being visible in public (i.e. sweating, trembling, blushing, etc..)
4. **Obsessive-Compulsive Disorder** – ritualistic thoughts or behaviors used to alleviate anxiety.
5. **Phobia** – **irrational** fears leading to avoidance of object or situation.

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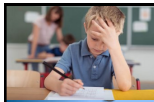
**SCHOOL ACCOMMODATIONS FOR ANXIETY**

1. Allow extra time on tests, quizzes, and assignments.
2. Refrain from calling on a student unless hand is raised.
3. Provide alternative ways to demonstrate subject mastery so school is not just the memory Olympics (e.g., projects, papers, independent study).
4. Provide preferential seating in class.
5. Allow the student to use a **crisis pass** when feeling stressed or overwhelmed in class.
6. Create a "**calm corner**" in the classroom that students can use to self-calm as needed.
7. **Structure and Routine:** picture schedules for younger children and write class routine on board for older children.

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## SCHOOL ACCOMMODATIONS FOR ANXIETY

8. Notify the student in advance when there will be a substitute teacher or emergency drill.
9. Provide access to lecture notes and assignments online.
10. Structure more challenging classes in the morning rather than at the end of the day.
11. Allow students to retake one test each marking period to demonstrate mastery.
12. Teachers should try to modulate tone of voice, rate of speech, and positive comments made each date.
13. Incorporate more **humor** into class lessons!!
14. Grade assignments positively and not punitively.
- \*15. Build a **relationship** with the student outside of class!

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## DEVELOPING RESILIENCY IN CHILDREN

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=JJVGATBGJXM](https://www.youtube.com/watch?v=JJVGATBGJXM)




### 5 PILLARS OF RESILIENCE



1. Foster hope
2. Establish a relationship
3. Environmental Warmth
4. Movement activities
5. Sleep + Diet + Exercise = Energy

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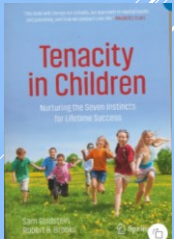


## BUILDING RESILIENT CHILDREN

SAM GOLDSTEIN & ROBERT BROOKS


### KEYS TO SUCCESS

1. Focus and build upon a child's **island of competence**.
2. Surround the child with caring adults to build **internal motivation**, not over-rely on behavior plans and external rewards.
3. Model **empathy** & compassion
4. Create a **purpose** for success
5. Create **hope** and an **optimistic** not pessimistic view of the future.
6. Foster resilience by **teaching** emotional problem-solving and not restraining!!
7. Add structure and **routine**.



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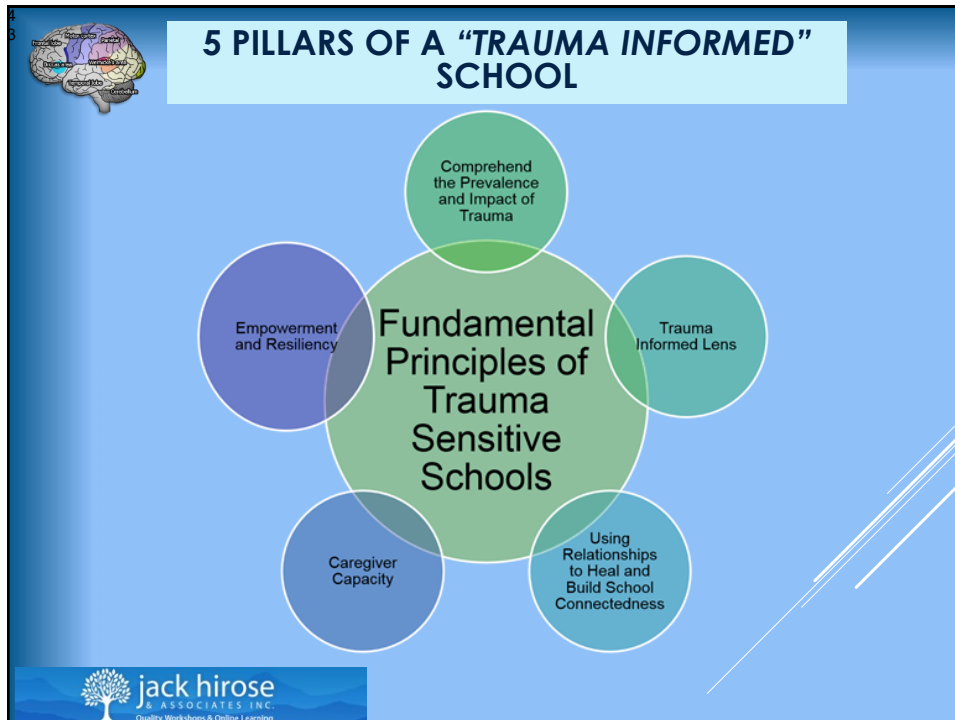
## PRESENTATION OUTLINE

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- Defining Trauma
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**1. UNDERSTANDING CHILDREN'S TRAUMATIC STRESS RESPONSES**  
(NCTSN, 2012)

1. Traumatic experiences are inherently complex: *(There is no signature emotional reaction that all children exhibit.)*
2. Danger and safety are core concerns in the lives of traumatized children.
3. Trauma underlies many emotional disorders seen in children including **anxiety**, which impacts many aspects of academic and social-emotional functioning.
4. Anxiety is often the by-product of a hyper-vigilant brain fueled by maladaptive thoughts.

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feifer assessment of childhood  
**TRAUMA™** | teacher form


## 2. FEIFER ASSESSMENT OF CHILDHOOD TRAUMA (FACT)

- Parent, Teacher and Self-Report forms students 4-18.
- Digitally administered and scored on PIC
- Approximately 10 minutes to complete (65 questions)
- Gender and age-based norms
- Total Trauma Index Score:
  - a) **4 Clinical Scale Scores** (Physiological, Emotional, Behavioral, and Academic)
  - b) **4 Supplemental Cluster Scores** (Resilience, Inattention, Depression, Anxiety)
- Over 100 **504 Recommendations** (PAR-Iconnect)






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feifer assessment of childhood  
**TRAUMA™** | teacher form

## 2. QUICK FACTS ABOUT THE FACT

- **FACT #1:** The scale is noninvasive and designed to measure the **implications** of trauma in a school based setting and **NOT** the direct source or type of trauma.
- **FACT #2:** The scale can be used to generate 504 recommendations and classroom accommodations for “at-risk” students.
- ❖ **FACT #3:** The most prudent use of the scale may be to include in the *Background Information* section of reports to provide a social-emotional context to interpret a student’s cognitive profile.





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### 3. CAREGIVER CAPACITY AND RESILIENCY

(TRAUB AND BOYNTON-JARRETT, 2017)

1. Positive appraisal style impacts executive functioning skills and facilitates cognitive restructuring.
2. Following trauma exposure, caregivers play a critical role influencing a child's overall social-emotional response and adaptation (McLeod et al., 2007).
  - a) Neglectful
  - b) Democratic
  - c) Authoritative
  - d) Authoritarian
3. Maternal mental health most influences coping  
(\*16 million children live with a depressed parent)
4. Family routines foster resilience.



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### 4. CLASSROOM ACCOMMODATIONS

- Designated "**check-in**" with trusted school staff
- Structure and **routine** (i.e. schedules and emotive responses)
- Use a "**health app**" to monitor breathing and heart rate.
- Access to **lecture notes** when needed.
- Use of **noise cancellation** headphones if needed.
- Frequent breaks as needed.
- Use **restorative** and collaborative problem-solving instead of punishment
- Avoid more than **one** examination per day
- Allow for **test re-takes** to demonstrate subject mastery.
- Provide **alternative areas** for lunch, restroom breaks, change clothes for P.E. , etc.. as needed.
- Scheduling more challenging subjects in **morning**.
- Allow the student to leave class a few minutes early when **transitioning** to next class.
- Allow use of a **weighted backpack** in class.
- Provide access to **on-line** learning as needed.
- Access to **school counselor** as needed



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## 5. TEACHING RESILIENCY: MINDFULNESS



**Mindfulness** – focus on breathing from the diaphragm, not the chest, and exhaling on longer slower breaths.

- Strive for 6-8 breaths per minute.
- Practice breathing techniques when visualizing an anxiety provoking situation.
- Enhances parasympathetic nervous system.



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## 5. TEACHING RESILIENCY: YOGA



**Yoga** – assumes the footprint of trauma is in the body and tissues.

- We cannot talk it out, and fear our own bodily sensations (Van Der Kolk, 2012).
- Pain, headaches, muscle tension, tics, panic attacks
- Some research (Albracht-Schulte & Robert-McComb, 2018) suggests Yoga can reduce anxiety and heart rate variability following a stressor, though the induced calmness wears off after 30-40 minutes.

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## 5. TAKE TARGETED APP BREAKS



**Stop, Breathe & Think**  
Meditation tuned to your feelings  
Stop, Breathe & Think  
★★★★★ 4.5 (10k+ reviews)  
Free - Offers In-App Purchases



Take a Chill



**THE ZONES OF REGULATION**  
Created by Leah Kuypers, MA Ed., OT/SL



Breethe





Calm



Headspace



Breathing Bubbles

**Square Breathing :**  
<https://www.youtube.com/watch?v=YFdZXwE6fRE>

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## 5. CANINE ASSISTED THERAPY



- Provide unconditional warmth and positive emotions.
- Animals do not try to give sage advice, but provide an emotional pathway to heal.
- Presence of a therapeutic animal promotes oxytocin secretion (bond), lower heart rate and blood pressure, and calmness (Beetz et al., 2012).
- Reduces social isolation and promotes sense of connectedness (O'Haire et al., 2015).



**THE DOGS of NEWTOWN**  
Guy A. Bacon

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**SOCIAL EMOTIONAL ACADEMIC LEARNING**


**Social & Emotional Learning**

- Self-Management**  
Managing emotions and behaviors to achieve one's goals
- Self-Awareness**  
Recognizing one's emotions and values as well as one's strengths and challenges
- Responsible Decision-Making**  
Making ethical, constructive choices about personal and social behavior
- Relationship Skills**  
Forming positive relationships, working in teams, dealing effectively with conflict
- Social Awareness**  
Showing understanding and empathy for others

**Mental health and the schools**

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**LET'S STAY CONNECTED**

**Steven G. Feifer, D.Ed., ABPdN**  
Licensed Psychologist


**Workshops:** feifer@comcast.net

**Books:** www.schoolneuropsychpress.com

**Trauma Links:** \*<https://www.nasponline.org/>  
 \*<https://www.parentcenterhub.org/national-child-traumatic-stress-network/>  
 \*<https://news.isst-d.org/animal-assisted-therapy-for-trauma/>  
 \*<https://www.mindful.org/the-science-of-trauma-mindfulness-ptsd/>  
 \*<https://www.wiley.com/enus/Essentials+of+Trauma+Informed+Assessment+and+Intervention+in+School+and+Community+Settings-p-9781119274612>  
 \*<https://www.amazon.com/Trauma-Sensitive-Classroom-Building-Resilience-Compassionate/dp/0393711862>

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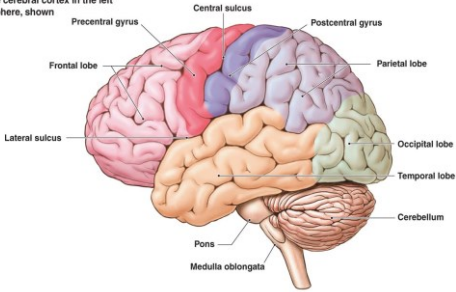
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## Reading and Writing Disorders: Brain Based Interventions for Students


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The lobes of the cerebral cortex in the left cerebral hemisphere, shown in lateral view




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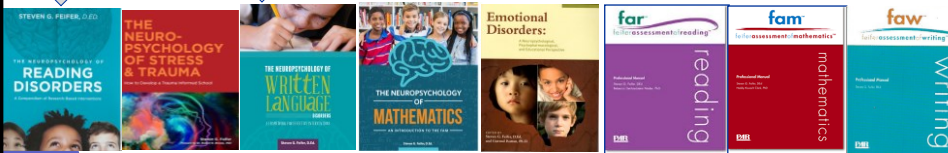
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## Dr. Feifer's Journey 1992-present

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- Nationally certified school psychologist 20+ years
- Diplomate in **pediatric** and **school** neuropsychology
- 2008 **Maryland School Psychologist of the Year**
- 2009 **National School Psychologist of the Year**
- Author: **8 books** on learning and emotional disorders
- Test Author: **FAR-FAM-FAW-FACT**
- Currently in private practice at Monocacy Neurodevelopmental Center in Maryland.


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## Presentation Outline

### ➔ Why Literacy Matters

Defining Dyslexia

Four Universal Truths of Reading

Subtypes of Reading Disorders & Interventions

Defining Dysgraphia

Cognitive Constructs and Writing

3 Subtypes of Written Language Disorders

Strategies for Success



## Literacy in Canada: Post Pandemic

Program for International Student Assessment (2022)

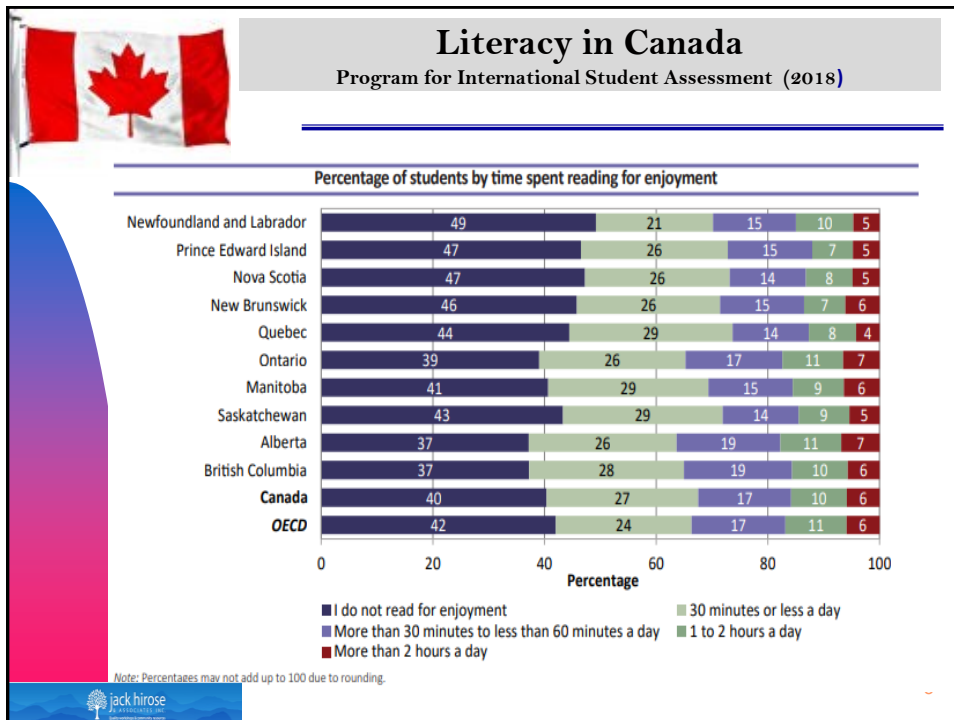
Table 3.16

Canadian and provincial average scores in reading over time, 2018–2022

	2018		2022	
	Average score	Standard error	Average score	Standard error
Newfoundland and Labrador	512	(4.3)	478*	(7.2)
Prince Edward Island	503	(8.3)	496	(10.4)
Nova Scotia	516	(3.9)	489*	(6.4)
New Brunswick	489	(3.5)	469*	(4.3)
Quebec	519	(3.5)	501*	(4.9)
Ontario	524	(3.5)	512*	(4.1)
Manitoba	494	(3.4)	486	(4.1)
Saskatchewan	499	(3.0)	484*	(4.3)
Alberta	532	(4.3)	525	(6.4)
British Columbia	519	(4.5)	511	(6.0)
<b>Canada</b>	<b>520</b>	<b>(1.8)</b>	<b>507*</b>	<b>(2.5)</b>

- Reading scores in Canada (**507**) declined **13** points.
- Average decline among 81 countries **10** points (**476** avg/**U.S. 504**).
- Newfoundland and Nova Scotia biggest decline.
- More than 23,000 students in Canada from 850 schools participated.

Organisation for Economic Cooperation and Development (OECD)

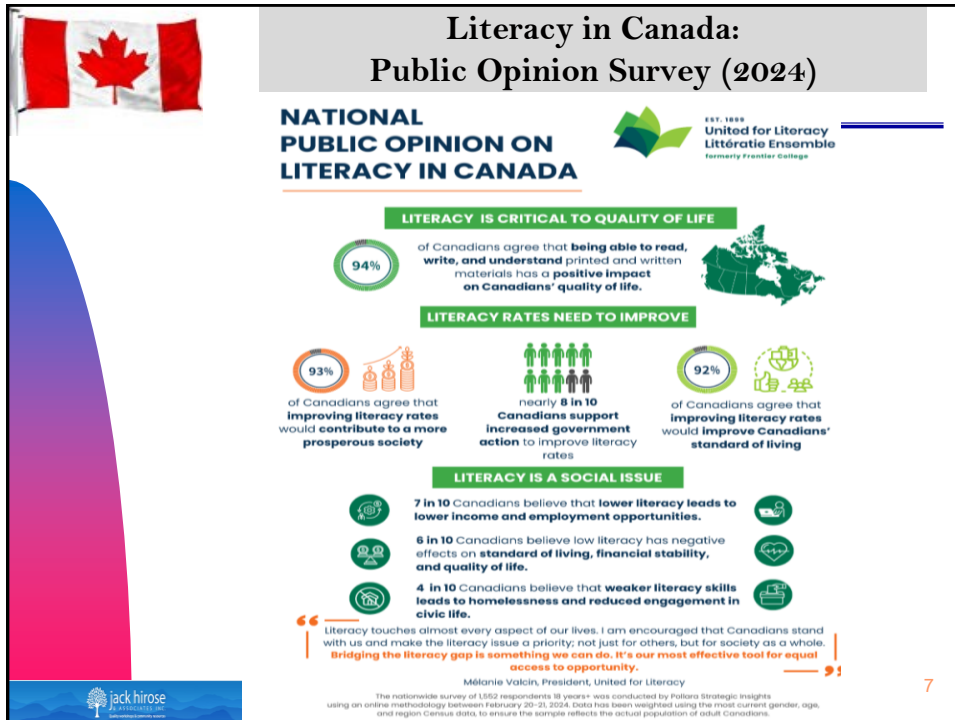


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## Why Literacy Matters in Canada

- Civic Engagement:** People's belief that they can engage in, understand and influence political affairs rises with increased education and skills. Among Canadians with less than a high school diploma, just **32%** report this belief, compared to **60%** of people who have obtained a bachelor's degree or higher.
- Economy:** High literacy in Canada helps build an educated and skilled workforce which contributes to the country's economic growth.
- Work:** Canadians with low literacy skills are twice as likely to be unemployed than those with higher level literacy skills.
- Health:** Canadians with the lowest levels of literacy are more than **twice** as likely to be in poor health compared to Canadians with higher literacy skills.
- Poverty:** In Canada, **46%** of adults at the lowest literacy levels live in low income households, compared with **8%** of adults at the highest literacy levels.
- Family:** Reading to children before they start school helps develop their language skills and interest in reading and learning. Children of parents with higher education levels have higher literacy levels.

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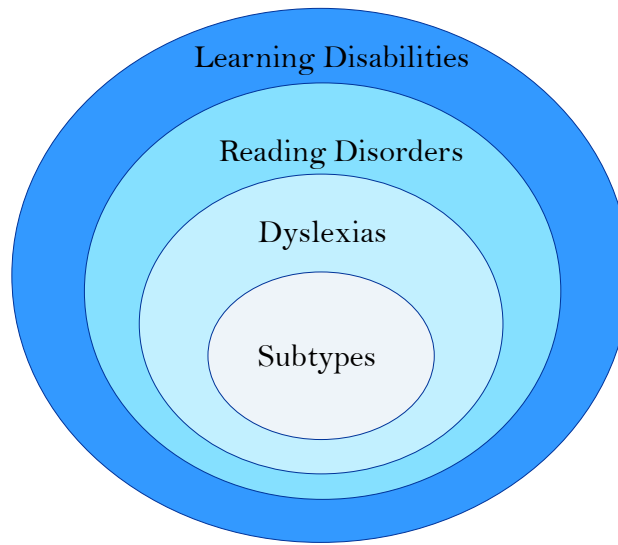
## Defining Dyslexia


- “Dyslexia is characterized by difficulties with **accurate** and / or **fluent** word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the **phonological component** of language that is often **unexpected** in relation to other cognitive abilities and the provision of effective classroom instruction. **Secondary consequences** may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.”

- International Dyslexia Association



## Developmental Dyslexia





## What is a Learning Disability?

**LEARNING DISABILITY** (Grades 1–12: Code 54)

This is the official definition adopted by the Learning Disabilities Association of Canada (LDAC) on January 30, 2002.


"Learning Disabilities" refer to a number of disorders which may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information. These disorders affect learning in individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning. As such, learning disabilities are distinct from global intellectual deficiency.

Learning disabilities result from impairments in one or more processes related to perceiving, thinking, remembering or learning. These include, but are not limited to: language processing; phonological processing; visual spatial processing; processing speed; memory and attention; and executive functions (e.g., planning and decision-making).

Learning disabilities range in severity and may interfere with the acquisition and use of one or more of the following:



- oral language (e.g., listening, speaking, understanding)
- reading (e.g. decoding, phonetic knowledge, word recognition, comprehension)
- written language (e.g., spelling and written expression)
- mathematics (e.g., computation, problem solving).

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## Four Universal Truths of Reading

1. In all word languages studied to date, children with developmental reading disorders (dyslexia) primarily have difficulties in identifying, recognizing, categorizing, and/or manipulating phonological units at all linguistic levels (Goswami, 2007).

### Screening for Success (Hulme & Snowling, 2016)

1. Phonological awareness skills.
2. Ability to link sounds with letters.
- \*3. Rapid letter-naming skills?
  - a) Rapid naming of letters better than objects (Kilpatrick, 2015)
  - b) Rapid naming of letters is moderately correlated with reading performance (.28-.57%) and explains some of the reading variance independent of phonological awareness (Truong et al., 2019).



## Four Universal Truths of Reading

2. The English language *is not* a purely phonological!

- 1 letter grapheme: c a t. The sounds /k/ is represented by the letter 'c'.
- 2 letter grapheme: l e a f. The sound /ee/ is represented by the letters 'e a'.
- 3 letter grapheme: n i g h t. The sound /ie/ is represented by the letters 'i g h'.
- 4 letter grapheme: th r ough. The sound /oo/ is represented by the letters 'o u g h'.

- The English language includes over **300** ways of representing **44** sounds using a series of different letter combinations (Uhry & Clark, 2005). In Italian there is no such ambiguity as just **33** graphemes are sufficient to represent the **25** phonemes.
- Therefore, **25%** of words are phonologically irregular (i.e. "debt", "yacht", "onion", etc.) or have one spelling but multiple meanings –*homonyms*– (i.e. "tear", "bass", "wind", etc.)

### The Reading Brain: How Words are Assembled

3. Specific neuroimaging techniques have demonstrated that **phonological** processing and **orthographic** processing are a by-product of the functional integrity of the *temporal-parietal* junctures in the left hemisphere of the brain (Paz-Alonso et al., 2018; Glezer et al., 2016; Sandak et al., 2004; McCandliss & Noble, 2003).

Supramarginal Gyrus (Decoding)

Angular Gyrus (Orthography)

Superior Temporal Gyrus (Phonics)

Heschl's Gyrus (Phonemic Awareness)

Inferior Frontal Gyrus (Inner Articulation System)

Primary Visual Cortex (Striatum or Calcarine Fissure)

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### Four Universal Truths of Reading

4. **Structured literacy** based on the science of reading should drive all intervention practices.

5 Big Ideas

COMPREHENSION (EF)

LANGUAGE (vocabulary)

FLUENCY (prosody)


PHONICS (synthesis & analysis)

PHONEMIC AWARENESS

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## Subtypes of Dyslexia

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- Dysphonetic Subtype** - great difficulty using phonological route in reading, so visual route to lexicon is used. These readers do not rely in letter to sound conversions, but rather over-rely on visual cues to determine meaning from print.


**Neuropsychological Significance:** Left temporal-parietal gradient (*supramarginal gyrus*).

<u>Target Word:</u>	<u>Read As:</u>
<i>cat</i>	<i>couch</i>
<i>balloon</i>	<i>ball</i>
<i>jump</i>	<i>gym</i>
<i>ghost</i>	<i>goat</i>

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## Remediation Strategies for Dysphonetic Dyslexia

<p><u>Over Age 12:</u></p> <p>(Top- Down)</p> <p>↓</p> <p><u>Ages 7 - 12:</u></p> <p>(Bottom-Up)</p> <p>↑</p> <p><u>Under Age 7:</u></p>	<p><b>Wilson Reading System</b></p> <p><b>SRA Corrective Reading &amp; REACH System</b></p> <p><b>Read 180</b></p> <p><b>HOSTS</b></p> <p><b>Kaplan Spell/Read</b></p> <p><b>LEXIA Strategies for Older Students</b></p> <p><b>ASDEC Language Foundations (Orton-Gillingham)</b></p> <p><b>SRA Corrective Reading</b></p> <p><b>Earobics II</b></p> <p><b>LiPS</b></p> <p><b>LEXIA Primary Reading</b></p> <p><b>Horizons</b></p> <p><b>Fast Forward II(Tallal)</b></p> <p><b>Earobics I</b></p> <p><b>Phono-Graphix</b></p> <p><b>Saxon Phonics Program</b></p> <p><b>Success for All</b></p> <p><b>Ladders to Literacy</b></p> <p><b>Foundations</b></p> <p><b>Road to the Code</b></p> <p><b>SIPPS</b></p> <p><b>Scott Foresman Early Intervention Reading</b></p>
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## The Morphological Connection (“Top-Down”)

**Morpheme**- the smallest meaningful component of a word that still conveys meaning. Examples include:

**Prefixes:** *ante, extra, mis, para, pre, retro, super*

**Suffixes:** *able, tion, ment, ness, ship, tude, ward, ible*

**Latin Roots:** *cent, extra, hemi, meta, therm, ultra*

- Research suggests that children learn to anticipate words through a combination of phonological, orthographic, and morphological strategies (Senechal & Kearnan, 2007).
- Knowledge about **morphological awareness** contributes to individual differences in reading and spelling that cannot be entirely attributed to orthographic and phonological processing.

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## Subtypes of Dyslexia

**2. Surface dyslexia** - an over-reliance on sound symbol relationships as the process of reading never becomes automatic. These children break every word down to its phonological base, and read slowly due to poor **orthographic** perception and processing.

<u>WORD</u>	<u>READ AS</u>
island →	izland
grind →	grinned
listen →	liston
begin →	beggin
lace →	lake

- Extreme difficulty reading words where phonemes and graphemes are not in 1 to 1 correspondence: **yacht**  
**debt**



## Remediation of Surface Dyslexia

**Over Age 12:** Academy of Reading  
Wilson Reading System  
Laubauch Reading Series  
Read 180

**Ages 7 - 12:** **Read Naturally**  
Great Leaps Reading  
Quick Read  
RAVE-O  
Fast Track Reading

**Under Age 7:** Destination Reading  
Reading Recovery  
Early Success  
Fluency Formula



## Subtypes of Dyslexia

3. **Mixed Dyslexia** - severely impaired readers with characteristics of both **phonological** deficits, as well as **orthographical** deficits. These readers have no usable key to unlocking the reading and spelling code. Very bizarre error patterns observed.

### WORD

Advice  
Correct  
Violin  
Museum  
Possession  
Material

### READ AS:

Exvices  
Corex  
Vilen  
Musune  
Persessive  
Mitear



\* Multiple breakdowns along many reading pathways. <sup>23</sup>

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## 4 Remediation Strategies for Mixed Dyslexia

(1) **Multiple Programs** - An eclectic and approach capitalizing on the particular strengths of the child. Consider using a multi-sensory type of **Orton-Gillingham** program, coupled with a fluency model such as **Read Naturally**, and the computerized models of **Read 180**.

(2) **Top Down Strategies** - Often atypical development mapping individual sounds to the visual word form association areas.

(3) **Socioeconomic Status** - is a very strong predictor of reading skills due primarily to the home literacy environment. Therefore, schools need to provide more reading opportunities.

(4) **Motivation and Confidence** - Great Leaps, Read Naturally, etc. tend to give immediate feedback.



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#### 4 Components of Reading Comprehension

1. **Content Affinity** - attitude and interest toward specific material.
2. **Working Memory** - the ability to temporarily suspend information while simultaneously learning new information. The amount of memory needed to execute a cognitive task.
3. **Executive Functioning** - the ability to self-organize verbal information to facilitate recall.
4. **Language Foundation** – vocabulary knowledge is vital for passage comprehension.



#### Reading Comprehension Interventions

1. **Stop & Start Technique** – student reads a passage out loud and every 30 seconds “stop” to ask questions.
2. **Directional Questions** – ask questions at the beginning of the text instead of the end.
3. **Read Aloud** – reading out loud allows student to hear their own voices and facilitates working memory.
4. **Story Maps** – pre-reading activity where graphic organizers are used to outline and organize the information.
5. **Active Engagement** – encourage active, not passive reading, by having children take notes or putting an asterisk next to important information. Also, multiple colors for highlighting.



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- A **neurodevelopmental** assessment of reading
- Pre-K to College (Ages 4–21)
- Normative sample included 1,074 students
- 15 subtests in complete battery
- Diagnoses **4 subtypes** of reading disorders
- Includes the FAR-S dyslexia **screening** battery
- Total Far index score and 4 Reading index scores




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Index	Subtest	Grade range	Approximate administration time in minutes
<b>Phonological Index (PI)</b>	<b>Phonemic Awareness (PA)</b>	PK to college	5 to 10
	Nonsense Word Decoding (NWD)	Grade 2 to college	2
	Isolated Word Reading Fluency (ISO)	K to college	1
	Oral Reading Fluency (ORF)	K to college	2 to 3
	Positioning Sounds (PS)	PK to college	3 to 4
<b>Fluency Index (FI)</b>	<b>Rapid Automatic Naming (RAN)</b>	PK to college	2
	Verbal Fluency (VF)	PK to college	2
	Visual Perception (VP)	PK to college	1
	Orthographical Processing (OP)	K to college	8
	Irregular Word Reading Fluency (IRR)	Grade 2 to college	1
	<b>Semantic Concepts (SC)</b>	PK to college	5 to 8
<b>Comprehension Index (CI)</b>	Word Recall (WR)	PK to college	4
	Print Knowledge (PK)	PK to Grade 1	4
	Morphological Processing (MP)	Grade 2 to college	7
	Silent Reading Fluency (SRF)	Grade 2 to college	8



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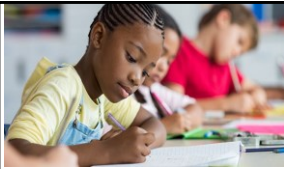
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## What is Dysgraphia?


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**Dysgraphia** is a broad-based term that refers to a specific learning disability in written expression. The term can include problems with letter formation, legibility, letter spacing, spelling, fine motor coordination, rate of writing, grammar and overall sentence production (Chung et al., 2020).


**Developmental Dysgraphia** refers to difficulty acquiring writing skills despite adequate learning opportunities and cognitive skills.

- Younger children tend to have deficits with the motoric aspects of the written stroke, whereas older children struggle with more cognitive-linguistic elements of writing (Biotteau et al., 2019).

**Acquired Dysgraphia** refers to a learned skill (writing) being disrupted by a specific injury or degenerative condition.



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Warning Signs of Developmental Dysgraphia	
Age Group	Signs of Dysgraphia
Preschool aged children	<ul style="list-style-type: none"> <li>• Awkward pencil grasp</li> <li>• Lack of hand dominance</li> <li>• Fatigues quickly when writing</li> <li>• Letters poorly formed or inversed</li> <li>• Difficulty writing within margins</li> <li>• Overflow motor movements</li> <li>• Does not anchor paper with opposite hand.</li> </ul>
Elementary aged students	<ul style="list-style-type: none"> <li>• Illegible or messy handwriting</li> <li>• Letter transpositions</li> <li>• Mirror writing</li> <li>• Switching between cursive and print</li> <li>• Slower paced writing</li> <li>• Poor spelling impacts legibility.</li> <li>• Frequent erasures</li> </ul>
Secondary school students	<ul style="list-style-type: none"> <li>• Poor planning and organizational skills.</li> <li>• Discrepancy between verbal output and written output.</li> <li>• Difficulty keeping pace when note-taking.</li> <li>• Does not separate ideas by paragraph.</li> <li>• Paragraphs do not flow from general to specific.</li> <li>• Grammar impacts legibility.</li> </ul>

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## Types of Writing Genres

- **Persuasive** - change the reader's point of view in order to affect the reader's action.
- **Expository**- explaining objective information to enhance the reader's overall understanding.
- **Experiential** - to describe a personal experience or narrative to others.
- **Prosaic** – to convey a particular sentiment or emotion from a personal experience. Often written in a metaphoric style inclusive of poem, lyric, or sonnet.
- **Analytical** – heavily structured style of writing where scientific scrutiny involved.



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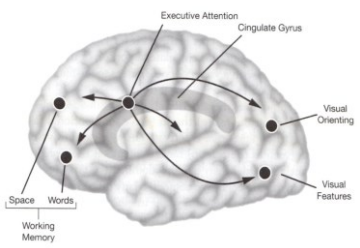


## Cognitive Constructs and Written Language

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**Attention:** (Selective & Sustained)


- Poor planning
- Uneven tempo
- Erratic legibility
- Inconsistent spelling
- Poor self monitoring
- Impersistence



**BRAIN REGION - Anterior Cingulate Gyrus**  
*\* Effort control and top-down attention*

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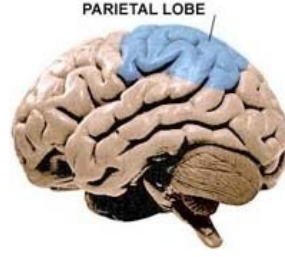


## Cognitive Constructs and Written Language

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### Spatial Production

- Poor spatial production
- Poor visualization
- Poor margination
- Organization problems
- Uneven spacing
- Poor use of lines




**BRAIN REGION –Right Parietal Lobe**

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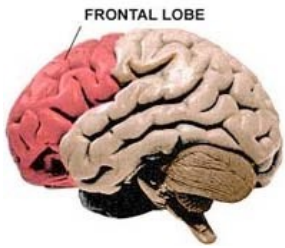


## Cognitive Constructs and Written Language

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### Sequential Production

- Poor connected writing
- Letter reversals
- Organizational deficits
- Lack of cohesive ties
- Deficits in working memory, especially with ADHD kids, leads to sequential dysfunction.




**BRAIN REGION – Left Prefrontal Cortex**

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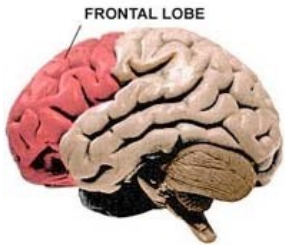


## Cognitive Constructs and Written Language

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### Working Memory Skills

- Poor *word retrieval* skills
- Poor spelling
- Poor grammar rules
- Loss of train of thought
- Deterioration of continuous writing
- Poor elaboration of ideas
- Cortical mapping of language is *distributed* throughout brain (*i.e. nouns vs. verbs*)




FRONTAL LOBE

**BRAIN REGION – Semantic memories stored in temporal lobes. Retrieved by frontal lobes**

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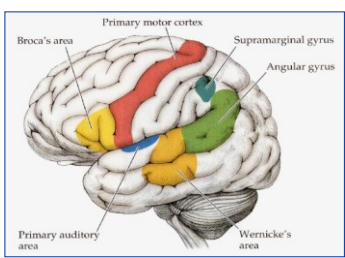


## Cognitive Constructs and Written Language

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### Language:

- Poor vocabulary
- Lack of cohesive ties
- Poor grammar
- Simplistic sentence structure
- Left hemisphere stores language by **converging** words into semantic baskets; right hemisphere excels in more **divergent** linguistic skills (simile and metaphor).
- Writing genre impacts retrieval!




Broca's area, Primary motor cortex, Supramarginal gyrus, Angular gyrus, Primary auditory area, Wernicke's area

**BRAIN REGION – Temporal Lobes**

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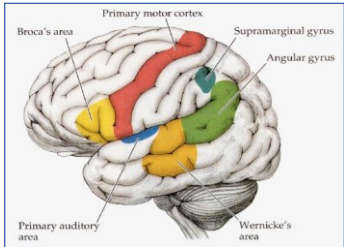


## Cognitive Constructs and Written Language

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### Intelligence

- Concrete ideation
- Poor development of ideas
- Poor audience awareness
- Weak opinion development
- Simplistic sentence structure




**BRAIN REGION – Inferior Parietal Lobes**

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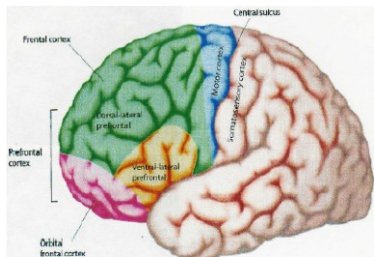


## Cognitive Constructs and Written Language

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### Executive Functioning

- Organize and plan ideas
- Self monitor
- Task initiation
- Sustain attention to task
- Difficulty making cognitive shifts from one topical area to another.




**BRAIN REGION – Dorsolateral Prefrontal Cortex**

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## Cognitive Constructs and Written Language: Motor Output Speed (Pollock et al, 2009)

Grade Levels	Handwriting Speed
Grade 1	15 - 32 letters per minute
Grade 2	20 - 35 letters per minute
Grade 3	25 - 47 letters per minute
Grade 4	34 - 70 letters per minute
Grade 5	38 - 83 letters per minute
Grade 6	46 - 91 letters per minute

**BRAIN REGION – Basal Ganglia**




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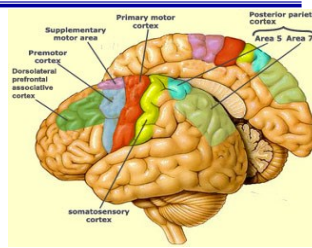


## 3 Subtypes of Written Language Disorders


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**(1) Graphomotor Dysgraphia** - apraxia refers to a wide variety of motor skill deficits in which the voluntary execution of a skilled motor movement is impaired.


- a) **Premotor cortex** - plans the execution of a motor response.
- b) **Supplementary motor area** - guides motor movement.
- c) **Cerebellum** - physical act of sequencing fine motor movements becomes less effortful and more reflexive.
- d) **Basal Ganglia** - procedural memory and automaticity of handwriting and gross motor movements.



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## 3 Subtypes of Written Language Disorders

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**(2) Dyslexic Dysgraphias: (Spelling Miscues)**

- a) **Dysphonetic dysgraphia** - the hallmark feature of this disorder is an inability to spell by *sound* due to poor *phonological* skills. There is often an over-reliance on the visual features of words when spelling (i.e. "sommr" for "summer").
- b) **Surface dysgraphia** - a breakdown in the *orthographic* representation of words. Miscues made primarily on phonologically irregular words (i.e. "laf" for "laugh"; "juse" for "juice"; "mite" for "mighty").
- c) **Mixed Dysgraphia** - characterized by a combination of both *phonological* errors and *orthographical* errors depicting faulty arrangement of letters and words (i.e. "ceshinte" for "kitchen").

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### 3 Subtypes of Written Language Disorders


**(3) Executive Dysgraphia** - an inability to master the implicit rules for grammar which dictate how words and phrases can be combined. Deficits in working memory and executive functioning in frontal lobes hinders output.

- Word omissions
- Word ordering errors
- Incorrect verb usage
- Word ending errors
- Poor punctuation
- Lack of capitalization
- Oral vs. written language discrepancy



### Features of Executive Dysgraphia



- a) **Verbal Retrieval Skills** – the frontal lobes are critical in retrieving words stored throughout the cortex, often stored by semantic categories.
- b) **Working Memory Skills** – helps to recall spelling rules and boundaries, grammar rules, punctuation, and maintaining information in mind long enough for motoric output.
- c) **Organization & Planning** – syntactical arrangement of thought needed to sequence mental representations.




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- ➔ **Strategies for Success**



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## 10 Research Based Strategies (Graham & Perin, 2007)

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- (1) Writing Strategies (*effect size .82*)
- (2) Summarization (*effect size .82*)
- (3) Collaborative Writing (*effect size .75*)
- (4) Specific Product Goals (*effect size .70*)
- (5) Word Processing (*effect size .55*)
- (6) Sentence Combining (*effect size .50*)
- (7) Prewriting (*effect size .32*)
- (8) Inquiry activities (*effect size .32*)
- (9) Process Writing Approach (*effect size .32*)
- (10) Study of Models (*effect size .25*)

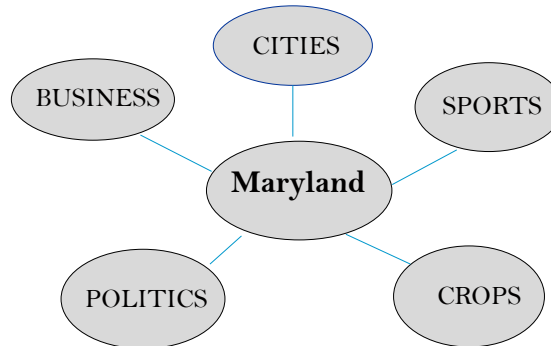

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## Graphic Organizers

**Graphic Organizers** – this involves a pre-writing activity whereby the student simply lists a word or phrase pertaining to the topic. An example may include a brainstorming a web:



## Self Monitoring Strategies

**COPS strategy** – a directional proof-reading strategy where the student re-reads a passage four times prior to completion.

- 1) **Capitalize** the first word of each sentence.
- 2) **Organize** the information by reviewing topic sentences and double check paragraph breaks.
- 3) **Punctuation** miscues must be reviewed.
- 4) **Spelling** miscues must be reviewed.





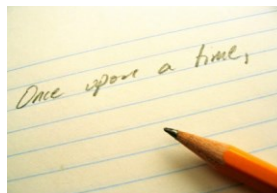
## Strategies for Secondary Students

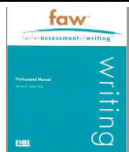
- **Inspirations** – teaches how to craft concept maps, idea maps, and other visual webbing techniques to assist in planning, organizing, and outlining. Very effective word predictive software.
- **Kurzweil Technology** – adaptive technology to further practice grammar, spelling, and punctuation. Voice activated software also an option.
- **Journal or Diary** – can be a fun and effortless way to practice writing on a daily basis.
- **Keyboarding** – speed up output to reduce pressure from working memory skills to retain information over longer periods of time.
- **Livescribe** – a “smart” pen which would both record lecture information in the class, as well as transcribe notes to a computer screen. Smart pens allow students to better organize their notes.



## 5 Steps for Executive Dysgraphia (Ray, 2001)

- (1) **Prewriting** – use graphic organizers.
- (2) **Drafting** – use model to take notes and model how to organize in a text form using topic sentences.
- (3) **Revising** – second draft emphasizing content, and elaboration of ideas and making connections.
- (4) **Editing** – re-read for capitalization and punctuation errors.
- (5) **Publishing** – peer assisted strategies and teaching students to give and receive feedback base upon a writing rubric.






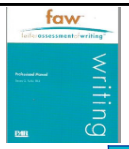
## Feifer Assessment of Writing (FAW)

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- A neurodevelopmental assessment of written language disorders.
- Pre-K to College (Ages 4-21)
- 12 subtests in complete battery/ 10 subtests core
- Diagnoses 3 subtypes of writing disorders:
  - 1) **Graphomotor Dysgraphia**
  - 2) **Dyslexic-Dysgraphia**
  - 3) **Executive Dysgraphia**
- Includes the FAW-S dysgraphia screening battery
- Yields a Compositional Writing Index (CWI)


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## Feifer Assessment of Writing (FAW)

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Index	Subtest	Grade range	Approximate administration time in minutes
Graphomotor Index (GI)	Alphabet Tracing Fluency (ATF)	PK to college	1 - 2
	Motor Sequencing (MS)	PK to college	3 - 4
	Copying Speed (CS)	K to college	3 - 4
	Motor Planning (MP)	PK to college	2 - 3
Dyslexic Index (DI)	Homophone Spelling (HS)	K to college	3 - 4
	Isolated Spelling (IS)	PK to college	4 - 6
Executive Index (EI)	Executive Working Memory (EWM)	Grade 2 to college	10 - 12
	Sentence Scaffolding (SS)	Grade 2 to college	13 - 16
	Retrieval Fluency (RF)	PK to college	7 - 8
	Expository Writing (EW)	Grade 2 to college	6
Compositional Writing Index (CWI) <i>(optional)</i>	Expository Writing (EW)	Grade 2 to college	6
	Copy Editing (CE) <i>(optional)</i>	Grade 2 to college	4
	Story Mapping (SM) <i>(optional)</i>	Grade 2 to college	6


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## Let's Stay Connected

**Steven G. Feifer, D.Ed., ABPdN**  
Licensed Psychologist

**Workshops:** [feifer@comcast.net](mailto:feifer@comcast.net)

**Books:** [www.schoolneuropsychpress.com](http://www.schoolneuropsychpress.com)  
[@schoolneuropsychpress](https://twitter.com/schoolneuropsychpress)

**far™**  
feiferassessmentofreading™

**fam™**  
feiferassessmentofmathematics™

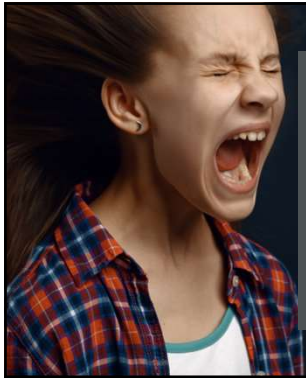
**faw™**  
feiferassessmentofwriting

Scan the QR code to learn  
more about each test

SCAN ME


jack hirose  
jackhirose.com

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*Oppositional, Defiant and Explosive Behaviours:*  
**Transforming Challenges for Long-Term Success**

Dr. Caroline Buzanko  
 drcarolinebuzanko.com  
 caroline@koruppsychology.ca




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**PRE-WORKSHOP SURVEY**



<https://rebrand.ly/parentinganxietypresurvey>

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<https://parentsoftheyear.buzzsprout.com/>



**PILOT STUDY!**




**OVERPOWERING EMOTIONS**  
*with Dr. Caroline Buzanko*  
[rebrand.ly/OverpoweringEmotionsPodcast](https://rebrand.ly/OverpoweringEmotionsPodcast)

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Developing a personal action plan

What traps do I need to get out of?	How can I improve my approach for effective communication?	What can I do proactively?	What can I start collaboratively problem-solving?	What I can do to strengthen our relationship?

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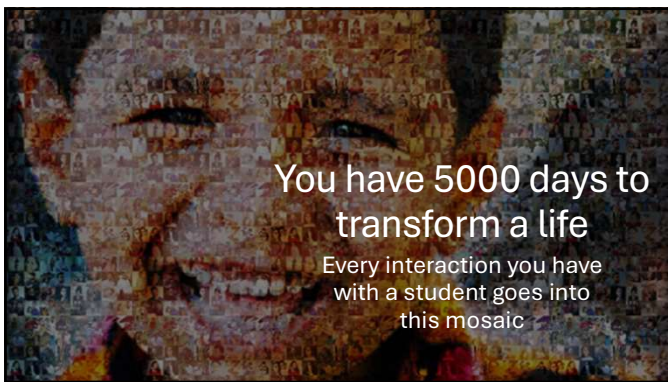
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## Developmentally Appropriate Behaviours



### Preschoolers

- Argue
- Demanding
- Independence
- Say "No!"
- Test limits
- Act babyish
- Some tantrum
- Minor aggression
- Jealousy, worries
- Know-it-all



### Grade school

- Want more freedom but need help
- Struggle with failure
- Support to manage big emotions
- Poor verbal impulse control
- Test limits
- Tantrums
- Dramatic
- Complaining



### Early Adolescence

- Attitude
- Mild opposition
- Social skills trouble
- Don't think of consequences of actions
- Argumentative
- Push against/argue about rules
- Disrespectful
- Blame others



### Teens

- Experimenting
- Minor rebellion
- Control for autonomy
- Resistance to authority
- Moody
- Noncompliant, Defiant
- Emotionally distant
- Impulsive and risk taking
- Dismissive
- Misread social cues

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Warning!  
100%  
obedience  
comes at a  
great cost

### Importance of acting out

- Essential for development & learning
- Learn about themselves & the world
- Boosts independent thinking
- Helps form identity
- Boosts emotional regulation
- Empowering
- Stand up for themselves




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Warning!  
100%  
obedience  
comes at a  
great cost

### Problem with compliance

- Stifles development
- Creates followers
- Don't think for themselves
- Leads to anxiety, vulnerability, & lack of self-identity
- Limits individuality
- Easily manipulated
- Erodes sense of self




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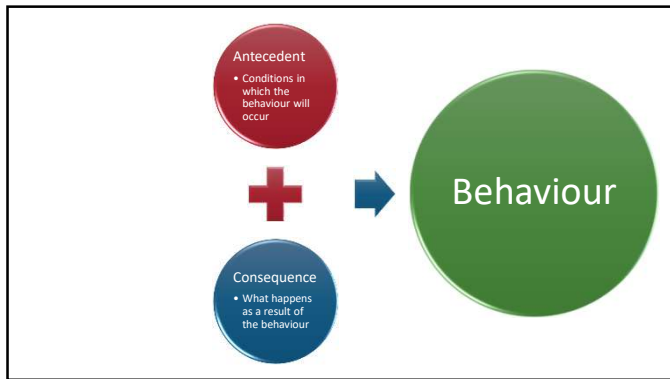
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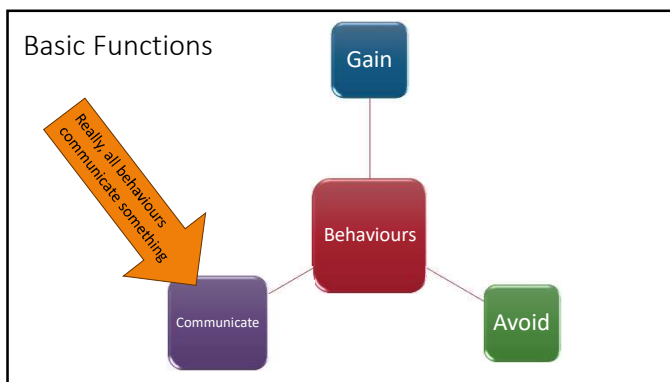
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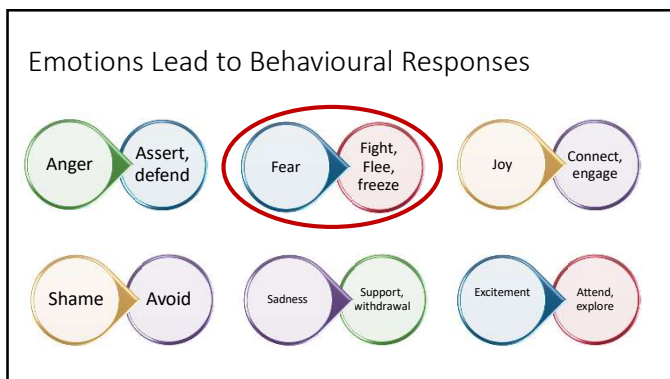
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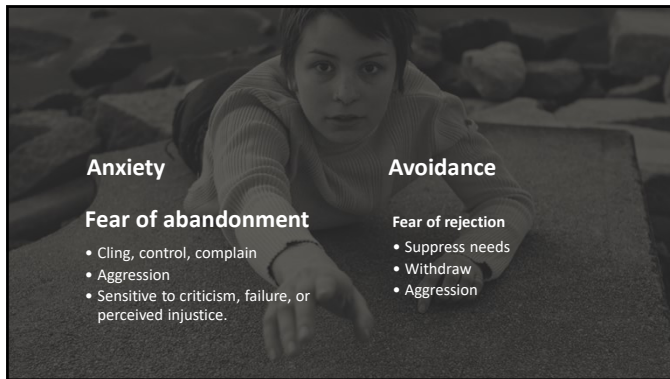
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**Anxiety**

**Fear of abandonment**

- Cling, control, complain
- Aggression
- Sensitive to criticism, failure, or perceived injustice.

**Avoidance**

**Fear of rejection**

- Suppress needs
- Withdraw
- Aggression

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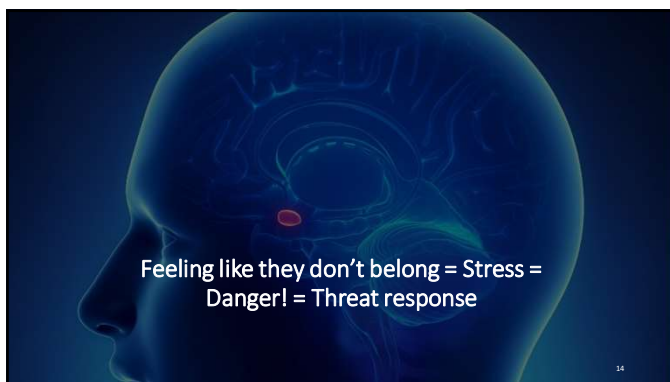
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Feeling like they don't belong = Stress =  
Danger! = Threat response

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ODD vs. Anxiety?

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## ODD or Trauma?

- Changes in brain development
  - Disrupt emotional regulation and executive functioning, heightened stress responses
    - Hypervigilance or overreacting to perceived threats
    - Emotional outbursts or withdrawal
    - Increased likelihood of behaviours as coping mechanisms
- Difficulty with trust and forming secure relationships.
  - Difficulty following rules or responding to authority.



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## Trauma Related Behaviours

Predictable outcome = Safety for the nervous system

- Relationships are unpredictable!
- Getting close is vulnerable & uncomfortable
  - Easier to disrupt the relationship
- Distracts from uncomfortable feelings
- Less vulnerable



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Behaviours  
adaptive for  
them

***They learned  
to be tough***

- To get love, a need met, or support ... because they don't know how to get it any other way
- To protect themselves from *perceived* lack of safety

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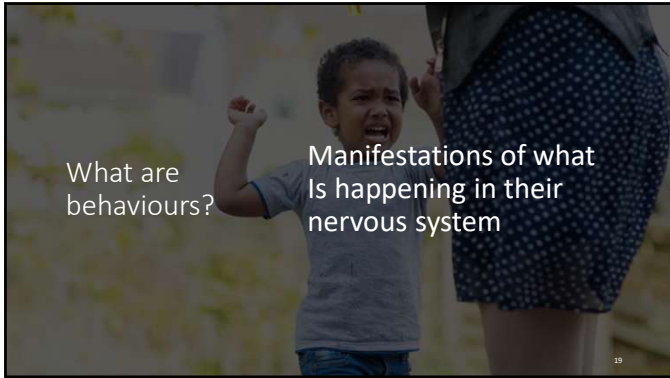
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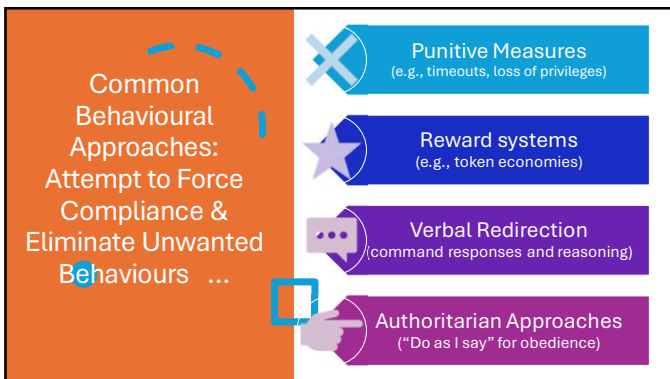
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Unfortunately,

When we take behaviours at face value, we miss the source.

We often escalate the behaviour if we're only giving the child attention when there is a problem behaviour

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**Behaviours:**  
A puzzle to be solved  
vs.  
a problem to eliminate

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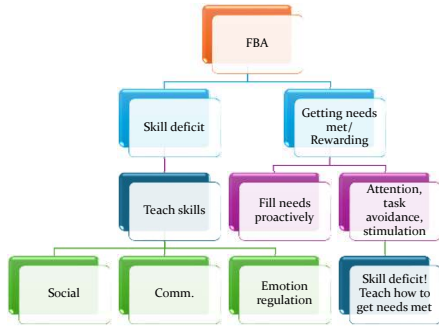
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## No bad kids!!! What are they defending?



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Brain in high stress state = amygdala kicks in and becomes a stop sign for information

- Intense emotions
- Behavioural and emotional outbursts
- Impulsivity
- Rigidity
- No self-reflection
- Unable to take perspectives
- Disengagement

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## Misbehaviour

- Aware of behaviour and rules
- Within their capacity to act differently




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Stress behaviour

- None of these capacities

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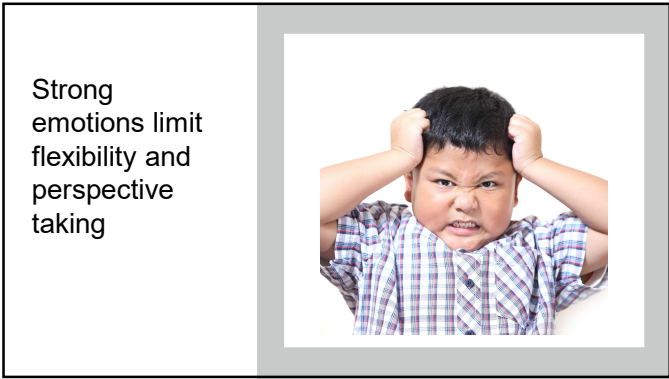
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Strong emotions limit flexibility and perspective taking

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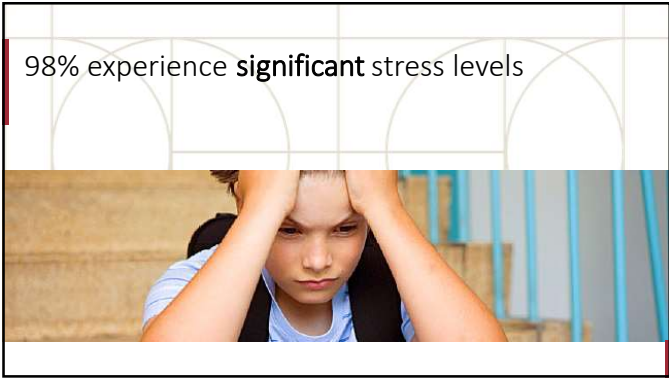
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98% experience **significant** stress levels

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Behavioural & Emotional Disorders are on the Rise...

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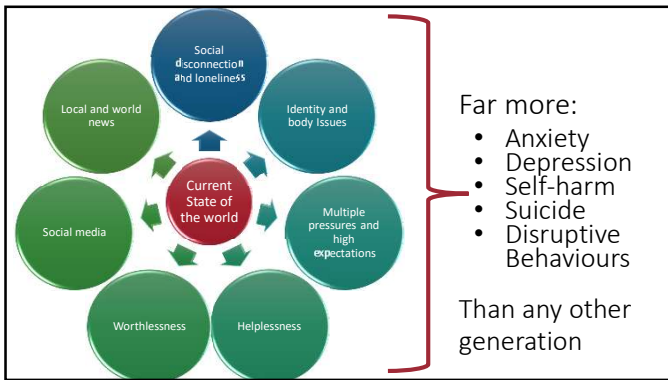
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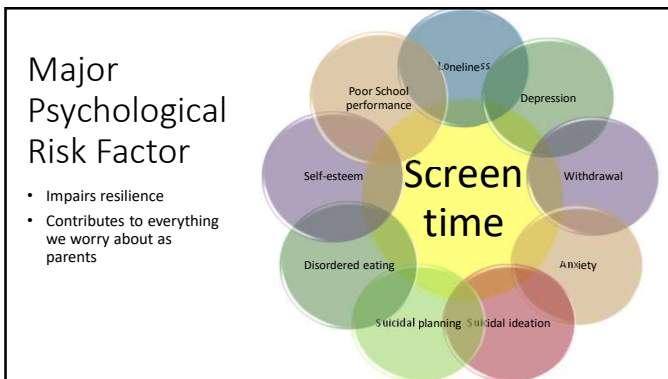
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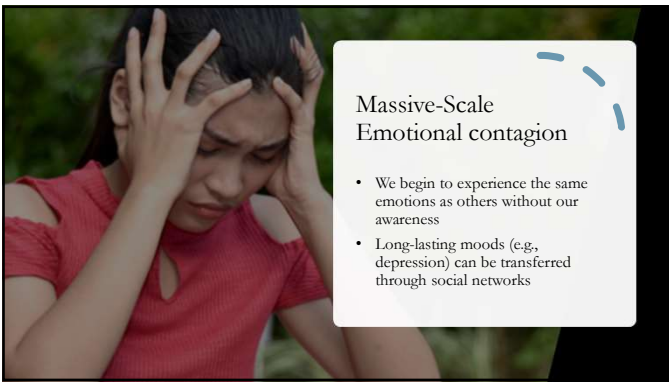
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Poor self-regulation because resources used up

- Poor emotion regulation
- Increased emotional reactivity
- Proactive aggression
- Anti-social behaviours

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## Digital Immigrants vs. Digital Natives

- Hard to detach = chronic stress
- Shame & stigma if not connected
- No issue big enough to risk being disconnected



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## No exceptions:

ALL screen time is linked to less happiness.

- More screen time =
- School struggles
- Loneliness
- Depression
- Suicidal thinking



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## Recommended Guidelines

<2	2-5	Elementary	High school
NO screen time	30-60 min.	1 hour (<2 at most)	<2 hours
Turn screens off completely!	Co-watch	Co-watch	Still co-watch!

Australian Department of Health; Canadian Paediatric Society, Public Health Agency of Canada, American Academy of Pediatrics

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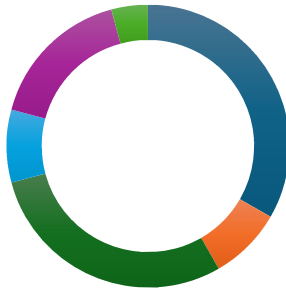
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## Not just about reducing screens! Creating Balance



■ Sleep ■ Exercise ■ School ■ Face-to-face connection ■ Daily developmental tasks ■ Gaming

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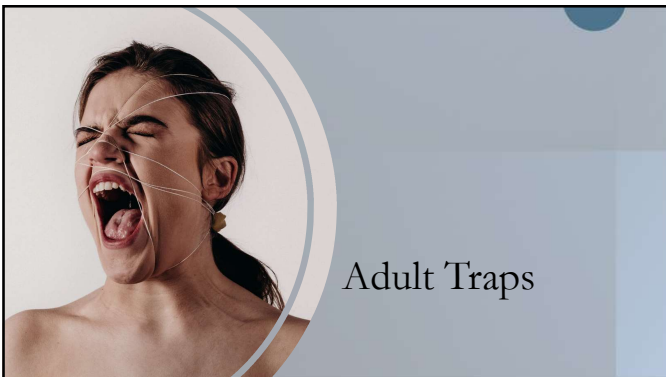
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Adult Traps

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## Whole Body Listening

Whole Body Listening = compliance-based one-size-fits-all listening expectations.

- Marginalizes neurodivergent behaviours
- Increases anxiety, shame, and dysregulation for children who listen differently.
- Fails to recognize that many children focus best when moving or engaging differently.



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## Over-Nagging and Unrealistic Demands

- We place more demands on children than adults
- Constant correction and nagging can erode relationships and discourage autonomy
- Would we treat our coworkers or friends the same way?



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How much feedback would you give this new dad if he was a student?

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### The things that often frustrate others



Are actually some of their greatest strengths.

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Fixing	Correcting	Controlling	Reminding
Persuading	Pushing	Punishing	Directing
Lecturing	Arguing	Confronting	Threatening
	Talking	Labelling	

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They hear "You are a failure."

They don't hear "I love you, and I'm trying to help."

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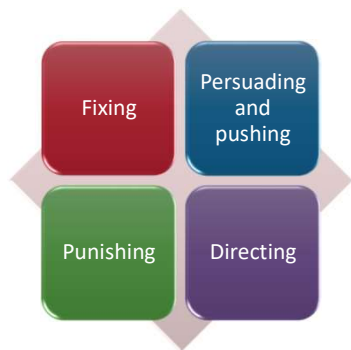
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**“There’s a  
reason why  
western kids  
are so bad”**



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## We Punish A Lot

Limited effectiveness in behaviour change

- Increased aggression, avoidance, delinquent behaviours, and school dropout
- Higher re-offense rates
- Negative impact on academic achievement & social success
- Does not teach skills
- Damage to adult-child relationships
- Contributes to long-term negative consequences



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## Unhelpful Interactions can Create Loneliness

- Adding stress
- Failing to meet their needs
- Unwittingly responding in punishing ways, even when trying to be supportive



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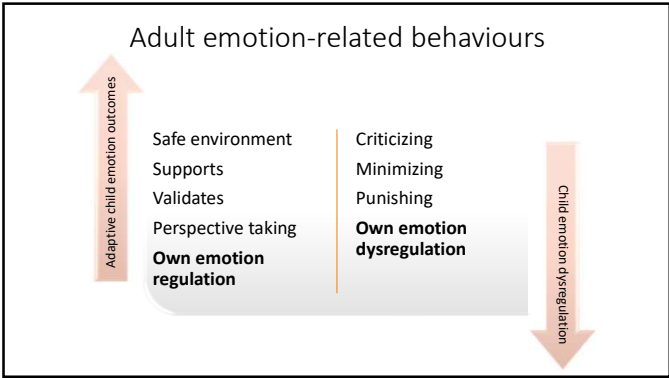
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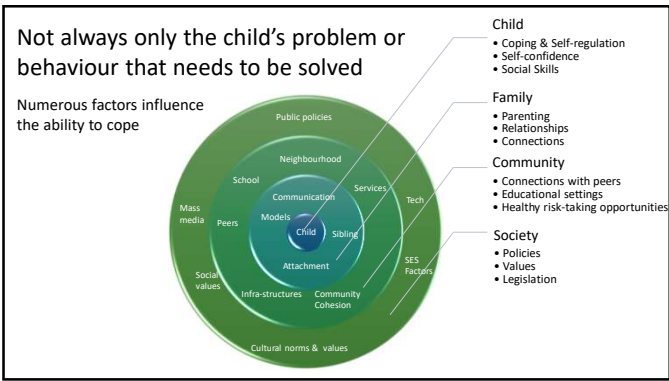
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The best interventions are the ones that you implement before behaviours happen – at the level of relationship and environment. You're already there!



Relationship



Environment

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### Avoid Counterproductive Approaches!

**Lecturing**

- Proactively establish expectations & calmly remind them

**Power struggles**

- Pre-established expectations, active listening, choices
- Privacy!

**Arguing**

- Stay calm and assertive

**Confrontation**

- Wait until calm & offer invitation
- Establish regular meeting times

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### Avoid Counterproductive Approaches!

**Threatening**

- Clear, concise, consistent logical/natural consequences proactively established

**Unhelpful communication**

- Validate their feelings
- Active listening & collaboration

**Inconsistency & Snap decisions**

- Consistently enforce rules and apply consequences

**Labelling**

- Focus most on adaptive behaviours
- Focus on behaviour not the child

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CHALLENGE!

No corrective feedback for a week!

SEE THE CHANGES

NOTICE

IDENTIFY YOUR NON-NEGOTIABLES

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Self-regulation Pyramid

Individual factors

Opportunities

Social connection

Supportive adult relationship

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It Takes Work...

Values Discovery

Identify own values in your role

Goals in your role

Hopes for students' futures

Mission Statement

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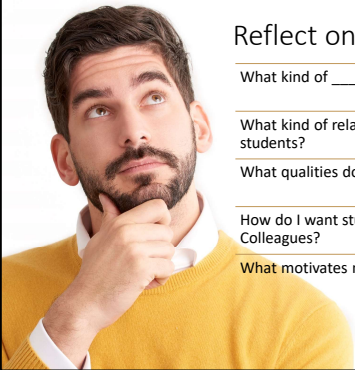
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### Reflect on your incentives

What kind of \_\_\_\_\_ do I want to be?

What kind of relationships do I want to have with students?

What qualities do I want students to see in me?

How do I want students to remember me? Parents? Colleagues?

What motivates me?

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### From Ideas to Reality

- List concrete, observable behaviours you can start doing today
  - Identify child's strengths and positive behaviours more frequently
  - Listen actively more often
  - Engage in collaborative problem solving whenever a conflict arises
  - Show more appreciation
  - Do daily acts of kindness
  - Reduce corrective feedback




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### Adult Emotion Regulation

- Avoid passing own stress on to students!!!

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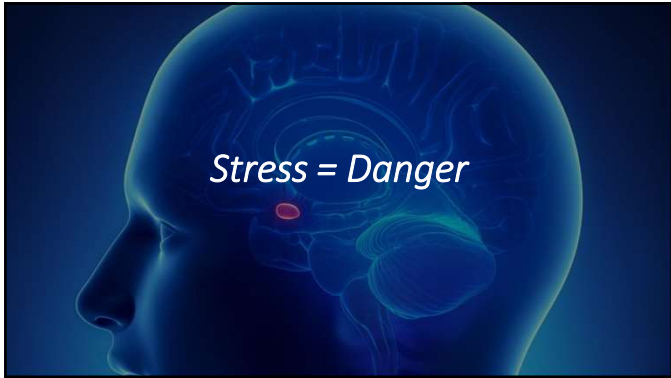
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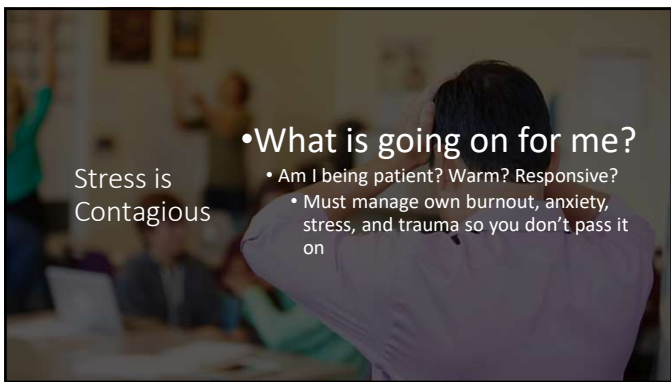
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**Notice! & Experiment**

 <b>Racing Heart</b> Slow breathing Weight	 <b>Tense muscles</b> Shake Progressive Muscle Relaxation	 <b>Overwhelmed Mentally</b> Brain dump Problem-solve	 <b>Freeze</b> Anchor feet
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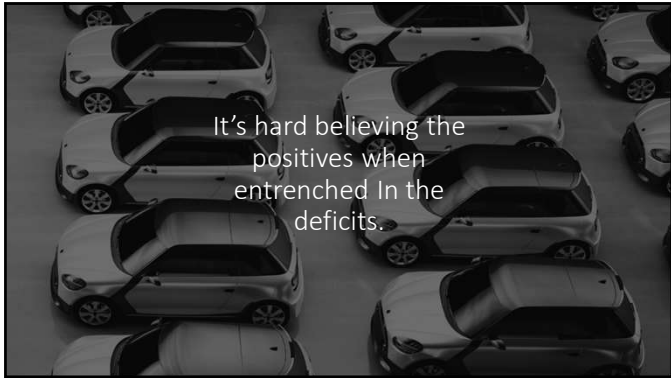
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Interpersonal Expectancy Effects



Positive teacher expectations can significantly enhance student performance and intellectual growth



Positive expectations beyond the classroom

Rosenthal & Jacobson, 1966

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Caught in stress and lack and deficits

Disruptive

Talks excessively, disrupts the class.

Character: distract, impulsive, restless, hyperactive

Impulsive behavior: cause suspicion and peer conflict

Focusing on what is wrong can be very impairing for students.

Aggressive

Poor social awareness. Limited conflict resolution skills.

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## Behaviours Related to Identity

- Identity and self-concept are co-created!
- Self-evaluation is based on their experiences and others' appraisals
- What are the consistent, repeated cues they receive over time?



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Greatest predictor of ODD:  
Adult stress + negative  
perceptions of the child

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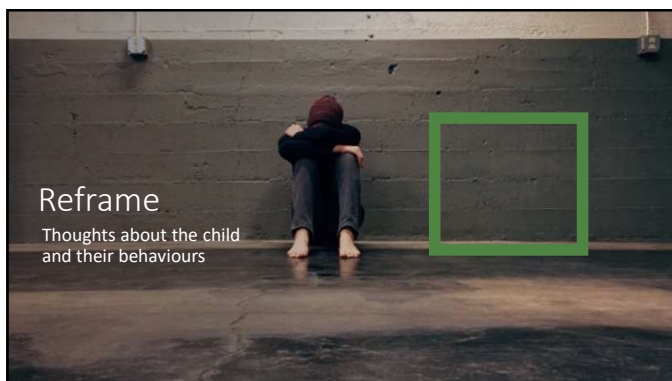
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## Reframe

Thoughts about the child  
and their behaviours



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### Always Starts with Us!

- **Understanding the Student:**
  - What might be going on for this student now? What might this student be feeling?
  - What external factors (e.g., home environment, peer relationships, personal struggles) might be influencing their behavior?
  - Does the student feel heard and respected during this interaction?
  - Have I considered the student's context/developmental needs in interpreting their behavior?
  - What unmet needs (e.g., safety, belonging, competence) might be driving this behavior?

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### Strengths-Based Reframing of Behaviours

-  Signals of unmet needs or skills to be developed
-  Opportunity to teach new skills (e.g., problem-solving, self-regulation)
-  Focus on their strengths to guide positive changes

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Consider Skills to Develop vs. *Problem*



**Instead of:**

Oppositional  
Only if wants to  
Narcissistic  
No empathy  
Lazy  
Sloppy  
Loner  
Doesn't prioritize



**Might be difficulties:**

Flexibility  
Know what is important  
Theory of mind  
Subtle social cues  
Initiation  
Fine motor skills  
Social understanding  
Seeing big picture



**Reframe:**

Working on...  
Learning to...  
Still developing...

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"Won't" (Behavioural Misinterpretation)	"Can't" (Skill Deficit)
"Oppositional, Stubborn"	Cognitive inflexibility, Protective effort to avoid being overwhelmed
"Can do it if he wants to"	Difficulty shifting
"Doesn't try"	Poor initiation, Impaired planning & generativity
"Won't put good ideas on paper"	Poor fine motor skills, Disorganization
"Sloppy, erratic" / "Careless errors"	Poor self-monitoring, Impulsive, Overloaded
"No self-control"	Overload, Disinhibition
"Not listening"	Poor attention or working memory
"Pushy, interrupts constantly"	Impulsive disinhibited

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**Reframe Problem Behaviours as Opportunities for Growth**

**Refusal to Do Schoolwork**

- Potential Need:
- Potential Strengths:
- Ideas to do:

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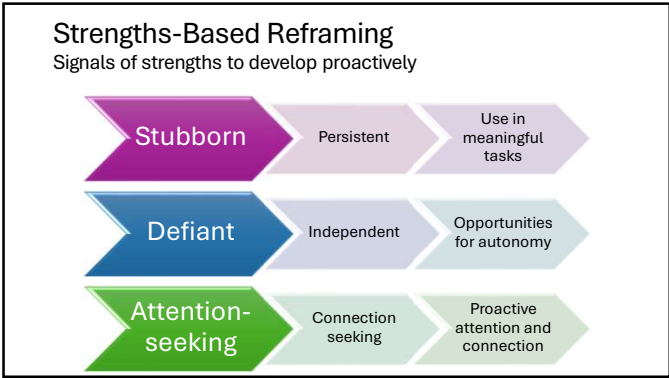
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**Collaborate with Kids**

- How can we keep the good part of the behaviour that is helping you while getting rid all the unhelpful parts of the behaviour?

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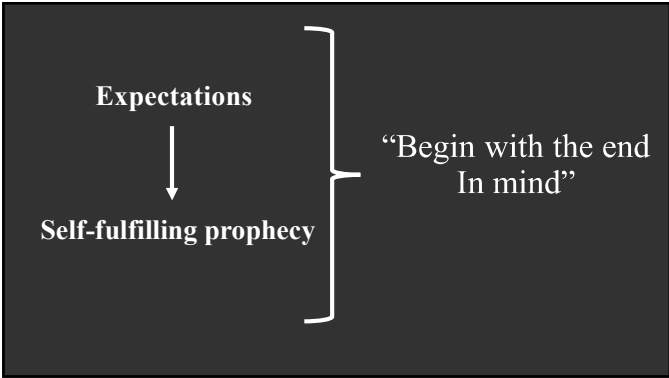
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### Be a gardener

Gardener's job is to nurture the seed and allow it to become what it is supposed to be to its full potential.

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### The only real behaviour (and emotion regulation) management you need.... Strong Relationship

No interventions will work without a relationship

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### Connection Essential for Regulation

To tolerate and regulate emotional responses & cope with stress

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### Relationship Major Protector Factor



- Positive physical and mental health
- Motivation
- Academic outcomes
- Academic self-efficacy
- Reduces risk outcomes
  - Violent behaviour, School failure, Substance abuse, Depression and other mental health challenges, Suicidal ideation, Unwanted pregnancy
- Major predictor of long-term happiness

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### Board Members

Name	School issues	Friend issues	Parent issues	Sibling issues	Getting in trouble	Emotional	Health
Mr. Frank	X						
Dr. Simms						X	X
Susan	X	X	X				
Mom				X	X	X	
Jeff			X	X	X	X	X
Brendan		X					X
Marie			X	X	X	X	X

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Relationship:  
How do you show up?

One small change in your interactions can be a gamechanger.

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- Stand just in/outside the door or go around the room
- Greet each student positively
- Say their name
- Have a short positive interaction
- Follow student's lead
- Handshake, fist bump, high five, pinkie shake
- Direct them to the first activity
- Specific praise to reinforce desired behaviours

## You have less than 6 minutes

- Kids need to feel liked and respected
- What can you DO to strengthen your relationship with your students every day?

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## Always Starts with Us!

- **Improving the Relationship**
  - What is one action I can take to improve the dynamic?
  - What steps can I take to repair trust with this student?
  - What can I do to help this student feel seen and valued?
  - Have I built a strong enough relationship with this student to understand their triggers and motivators?
  - Am I focusing on the student's strengths as much as addressing their challenges?
  - How can I create a safe space for the student to express themselves without fear of judgment or punishment?
  - Have I provided opportunities for the student to share their perspective on this conflict?

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## Emotion Coach




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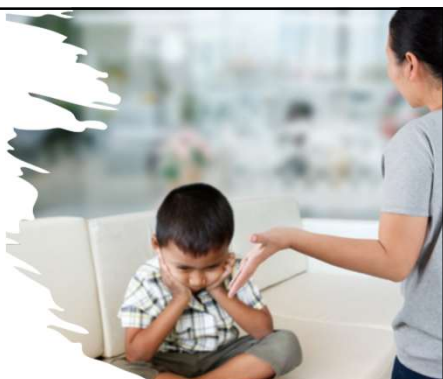
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Adults don't tend to understand children's experiences and needs



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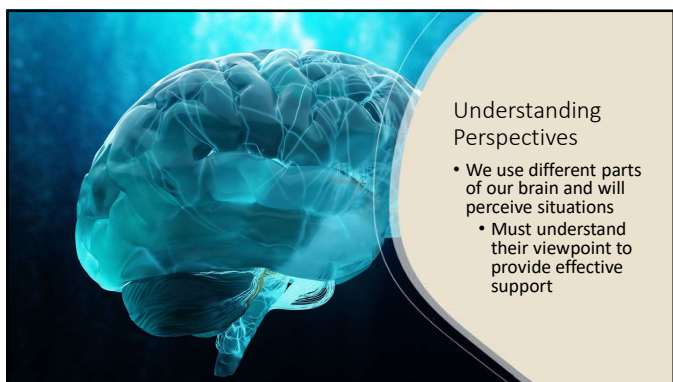
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#### Understanding Perspectives

- We use different parts of our brain and will perceive situations
- Must understand their viewpoint to provide effective support



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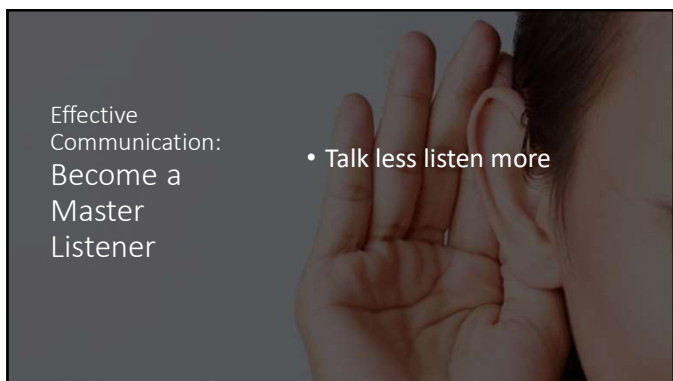
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Effective Communication:  
Become a Master Listener

- Talk less listen more



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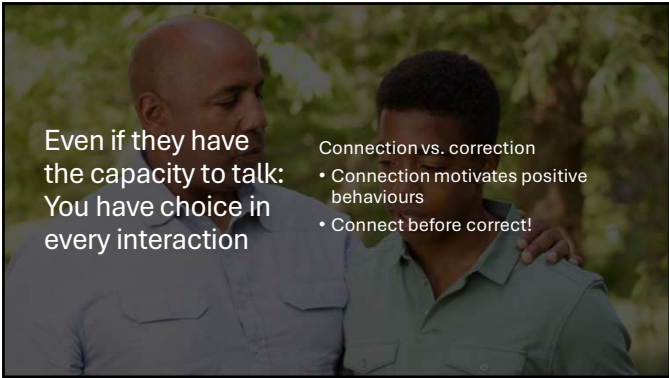
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Even if they have  
the capacity to talk:  
You have choice in  
every interaction

- Connection vs. correction
- Connection motivates positive behaviours
  - Connect before correct!

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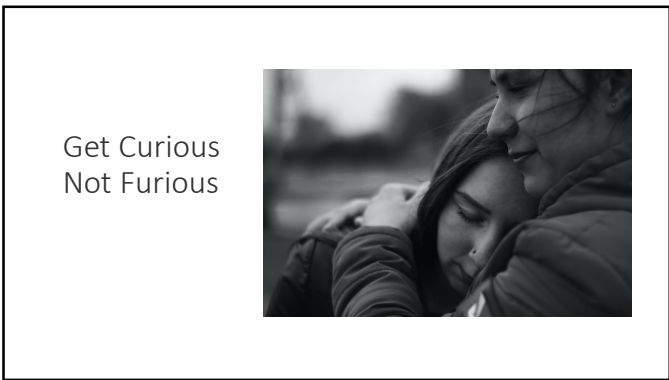
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Get Curious  
Not Furious

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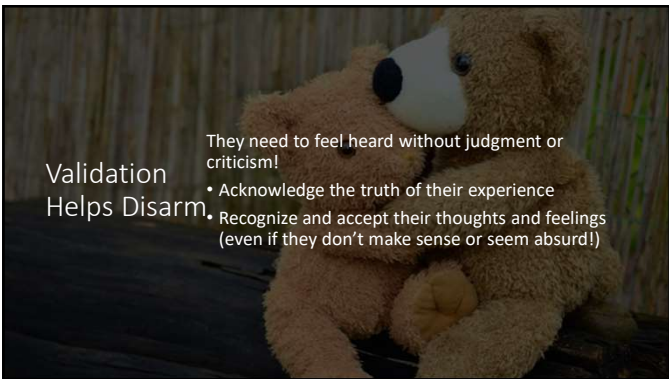
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Validation  
Helps Disarm

- They need to feel heard without judgment or criticism!
- Acknowledge the truth of their experience
  - Recognize and accept their thoughts and feelings (even if they don't make sense or seem absurd!)

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OR, even better... ADJECTIVE!

Let me see if I got that. You said...

Did I get it?

Is there more?

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How we talk is  
important

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Replace  
negativity  
with curiosity



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Separate  
Consequence  
Discussions from  
Emotional  
Validation

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When Big Emotions  
show up...

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Give space for regulation

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Always Remember:  
Many have worries  
about abandonment.



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Even if they  
challenge, we  
still have to  
work hard



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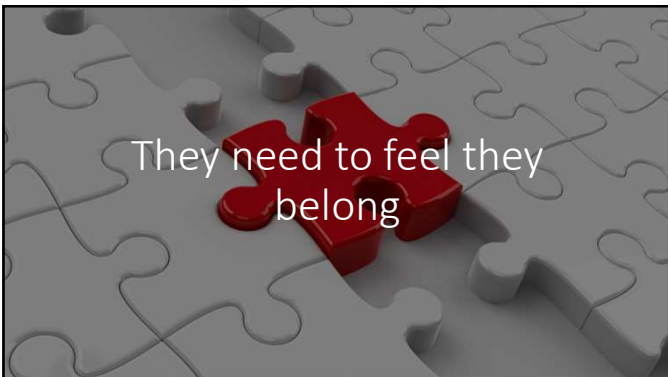
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They need to feel they  
belong



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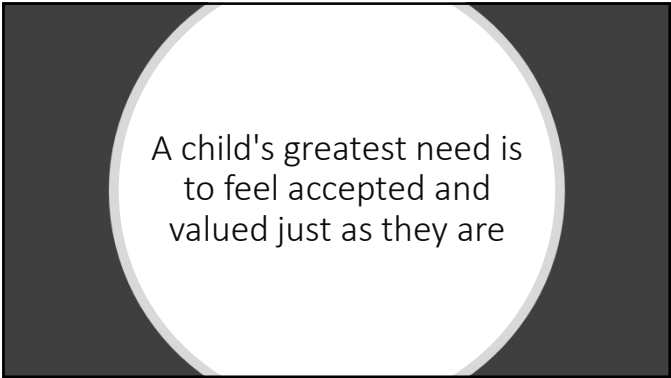
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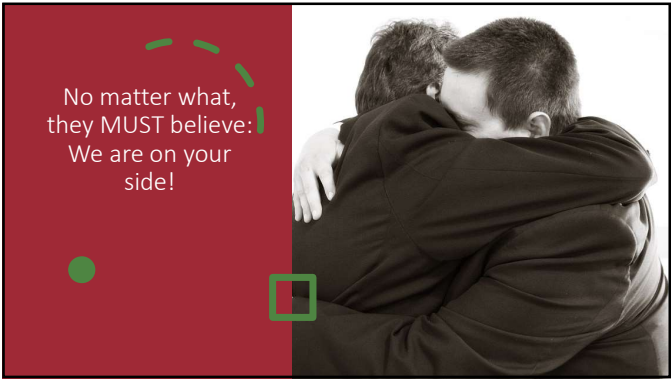
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Reminder


Do this



Create (quiet) space



Nothing



Wait until PFC back online

Not that

Talk

Only escalates the problem. They aren't going to process and learn from what you have to say anyway

Do

For risk of escalating your emotions, which will just escalate them.

Rush

It can take a long time to recover from overload. Some children need hours of downtime.

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Effectively expressing thoughts, feelings, and needs

Verbal anger not directed to anyone

Verbal aggression towards others

Physical aggression towards objects

Physical aggression towards others



Helpful to remember!

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Remember!

Kids want to be and do good!

*So, let's expect them to.*  
*Be proactive, set them up for success, and support them when they can't.*



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If the tree isn't growing... you don't change the tree....



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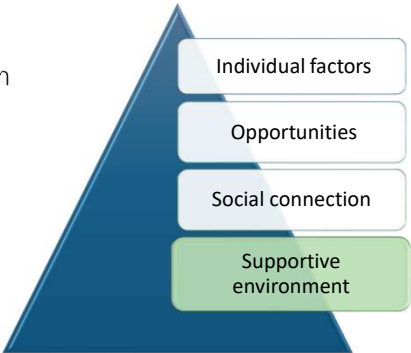
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Self-regulation Pyramid



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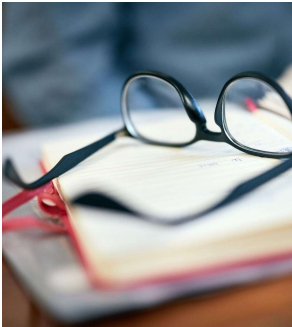
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Mismatch in demands and needs

School settings



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### Adjust the Environment: Sensory Regulation!

Reduce overwhelm

- Turn off bright lights
- Lower noise
- SPACE!

Remove unnecessary stressors

- Clutter
- Background noise
- Unnecessary demands

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### Give students ownership of space!


Collaborate to create a classroom to promote learning

 Breakout desks?

 Quiet workspace?

 Conferencing couch?

 Tea station?

 Rows? Groupings?

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### Reduce Decision-Making Burden

The more decisions students make throughout the day, the less mental energy they have left to self-regulate

- Automated or structured routines to minimize unnecessary decisions
  - Use schedules so students know what's next without needing to decide.
- Pre-plan workflows to reduce decision fatigue
  - Prep the night before
  - Set up their workspace for next class
- Create default routine structures (e.g., homework right after snack)

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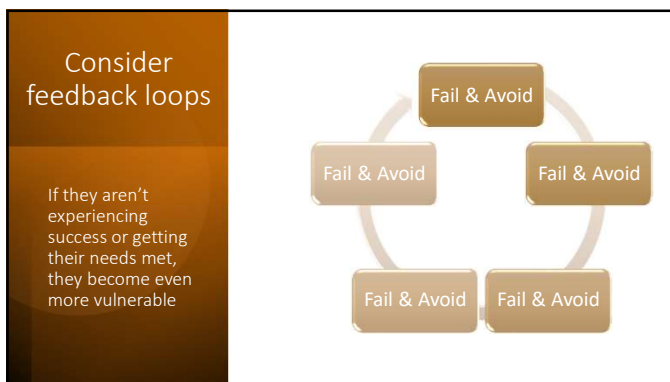
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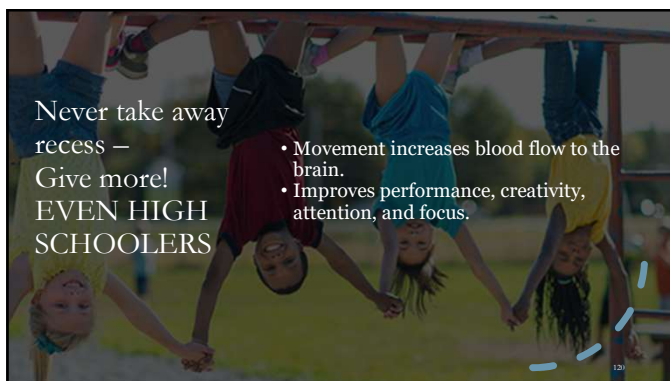
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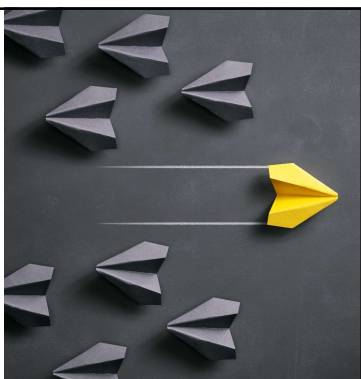
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## Get on Offense! Be Proactive!

Spend time putting support strategies in place vs. waiting for problem behaviours to happen.

### Do anything you can to promote positive behaviour

- Greet students as soon as you see them
- Help them transition to/from various activities throughout their school day
- Clear and simple expectations that are both reasonable and enforceable;
- Provide the ability to problem-solve what needs to happen for them to be successful in challenging situations
- Adults and kids take "practice breaks" before they really need them
- Model appropriate tone, volume and cadence with students who are frustrated



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## MUST have Clear & Consistent Expectations & Limits

- Establish predictable consequences for behaviour
  - Clear expectations and consequences for both desired and undesired behaviours.
  - Ideally, same expectations across settings
- Consistency helps them understand what is expected of them and reinforces positive behaviours.

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## Provide:

- 3-5 expectations
  - Rationales
  - Explicitly Teach
    - Examples and non-examples of expected behaviours
    - Models
- Immediate successes

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Build on their confidence!

Emphasize what is going right rather than what is going wrong.

Kids stick with things they feel confident with

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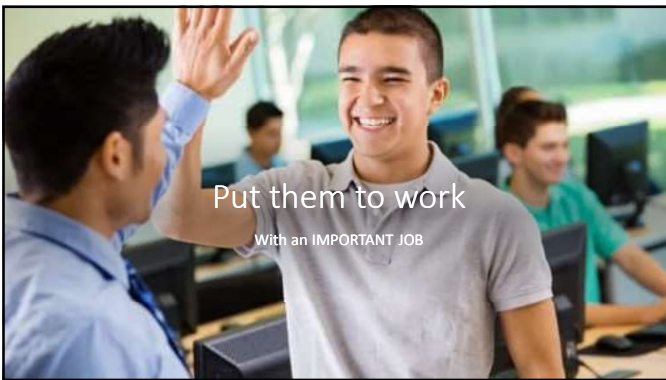
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Put them to work

With an IMPORTANT JOB

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## Opportunities for Independence

### Decision making

- They need to know you support and trust them!
- Collaboratively discuss consequences
  - Experiment: What might happen if you...
  - Show decision-making process to lead to consequences



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Find the Antidotes!

Defies authority	• Follows directions; obeys rules
Destroys property	• Uses objects appropriately
Fights with others	• Plays, shares with, assists others
Hits others	• Solves problems verbally
Disrespectful	• Collaborates, accepts decisions
Irritable	• Express how they feel • Good natured & easy going
Lies	• Is honest

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I caught you!

Calling out	• Put up their hand
Name calling	• Helping, complimenting
Hitting	• Using words to express upset

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# I caught you!

Hold the door open for another student as they followed up behind you.

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# Conduct an Acknowledgement Assessment!

- How do you like being acknowledged? How do you hate being acknowledged?
- Create a developmentally appropriate assessment form with a menu of lots of feasible options
- Acknowledge students based on their preferences
  - Reflect and adjust!

Name	Date
Praise Examples	
Personalized compliments: "You did an excellent job on your project, showing great creativity and effort!"	YES PLEASE NO THANKS
Encouraging words: "Be really proud of how hard you worked on that!"	
Public acknowledgment in class: "Let's give a round of applause to..."	
Thanks up or other positive gestures like...	
Sticking or taping to show approval	
A positive note about my work	
Sticker	
A praise note to take home	
Lines or points that can be collected and exchanged for a privilege	
Being the class helper or leader for a day	
Choosing a game or activity for the class	
Extra computer time or free time to do what I want to do	
Featuring my work on a classroom display or bulletin board	
Mention in the school newsletter to parents or morning announcements to the school	
A certificate of achievement for my accomplishment	
Lunch with the teacher or a special guest	
Opportunity to share a skill or interest with the class	
Peer recognition moment where classmates share something positive about them	

Write other ideas here and the back of the page for types of praise you like to receive!

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# Tootling Slip

Who: Suzie

Did What: Helped figure out a problem in science.

From: Chana

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When giving out  
discincentives,  
**BE BORING,**  
but when giving out  
rewards,  
**BE PASSIONATE.**



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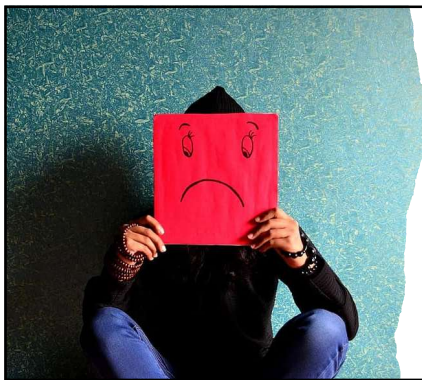
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Remember  
context:  
*Save Face*

Watch what you  
say when and  
where you say it

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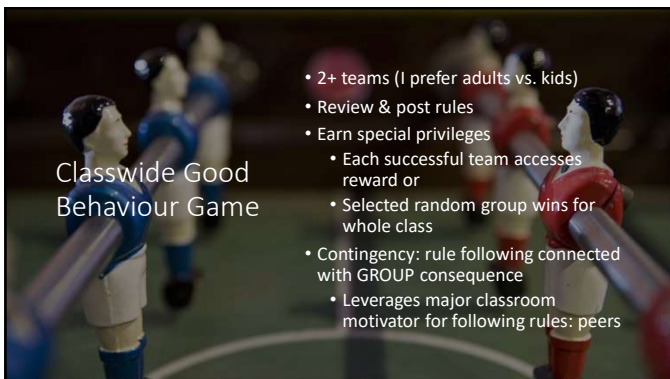
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### Classwide Good Behaviour Game

- 2+ teams (I prefer adults vs. kids)
- Review & post rules
- Earn special privileges
  - Each successful team accesses reward or
  - Selected random group wins for whole class
- Contingency: rule following connected with GROUP consequence
  - Leverages major classroom motivator for following rules: peers



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Check-In Check-Out (CICO)

- Enhanced student-adult relationships
- Immediate feedback
- Increased self-monitoring
- Data-driven decision making

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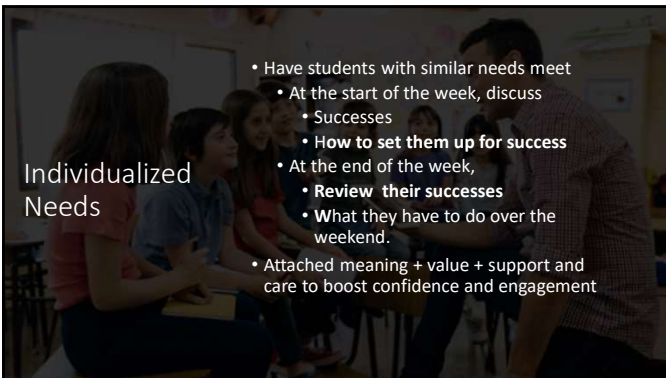
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Individualized Needs

- Have students with similar needs meet
  - At the start of the week, discuss
    - Successes
    - How to set them up for success
  - At the end of the week,
    - Review their successes
    - What they have to do over the weekend.
- Attached meaning + value + support and care to boost confidence and engagement

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Remember:  
They often  
can't help it

Allow a Take Back  
of the Day

Helps them learn  
accountability without  
shame.




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Also want to know: When are kids  
are doing good?!!!!

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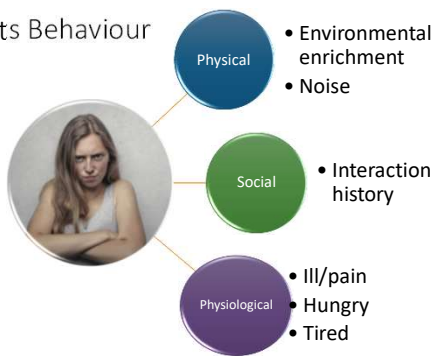
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### Mood Predicts Behaviour



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### Proactively Address Psychological Functions



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## Attention Seeking

What's the underlying need?




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### Attention Seeking

#### Relationship! THEY NEED CONNECTION!

Maintain connection with lots of positive attention.

Acknowledge the wanted behaviours & ignore the unwanted ones

Proactively establish expectations – what behaviours WILL and WILL NOT get attention

Teach & practice how to get attention appropriately




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## Positive Attention & Planned Ignoring



For behaviours that are maintained by adult attention

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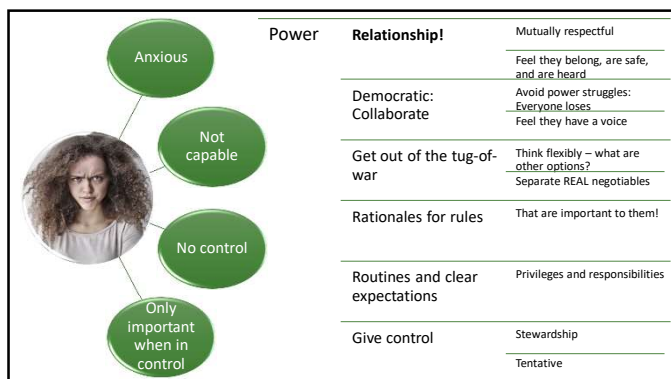
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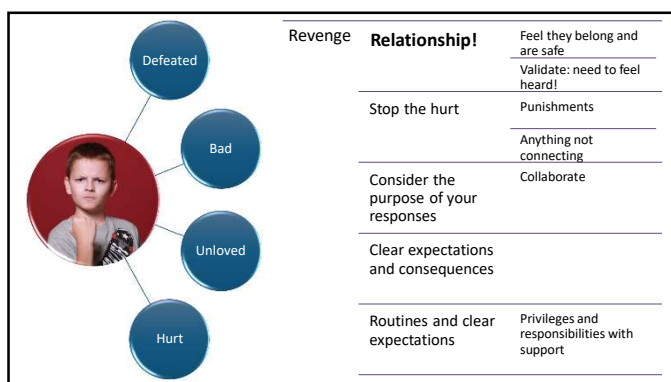
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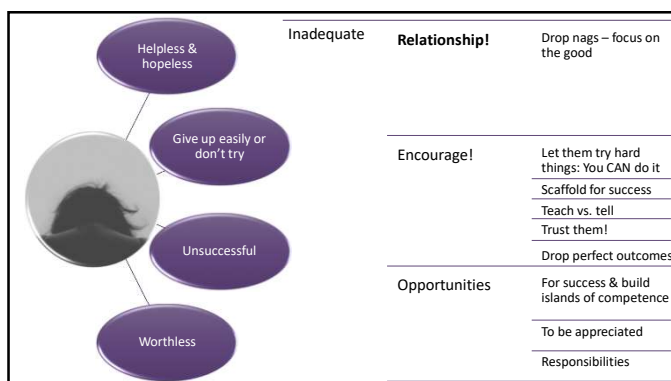
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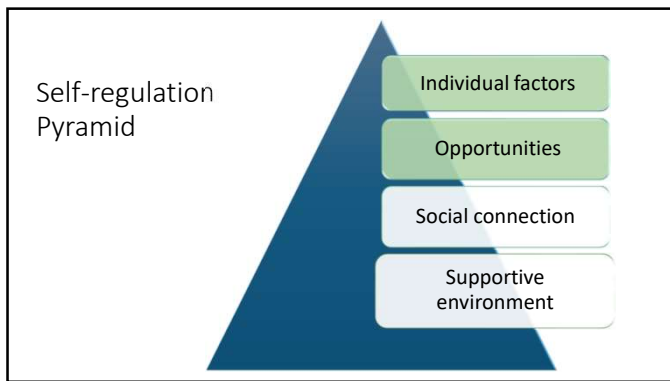
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### Externalize

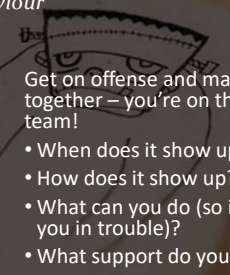
*They are not their behaviour*

Things to watch for:

- Mind robbers
- Brain drainers
- Freaking out Fran
- Mean Jean
- Explosive Bob
- Throwy McThrower
- Hitting Hal
- Yelling McGee

Get on offense and make a plan together – you're on the same team!

- When does it show up?
- How does it show up?
- What can you do (so it doesn't get you in trouble)?
- What support do you need?



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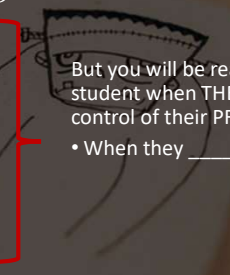
### Planned Ignoring!

• You are NOT going to respond to any of these henchmen:

- Mind robbers
- Brain drainers
- Freaking out Fran
- Mean Jean
- Explosive Bob
- Throwy McThrower
- Hitting Hal
- Yelling McGee

But you will be ready for the student when THEY are in control of their PFC

- When they \_\_\_\_\_



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### Talking will NEVER TEACH!

Practice

- Not being first in line
- Losing a game
- Doing something hard
- iPad unavailable
- Someone cheating in soccer
- Making a mistake



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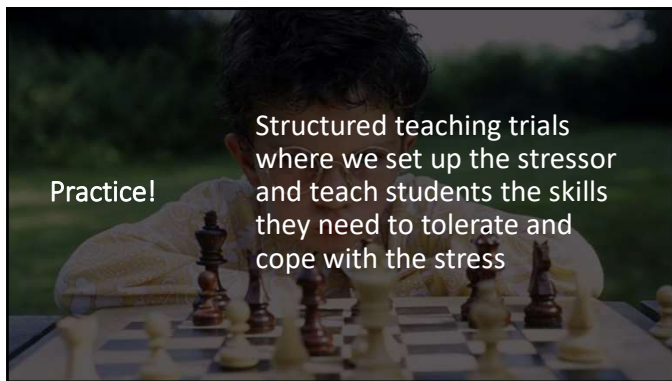
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- Which child was most like you?
  - Why?
- Who was successful?
  - What did they do to be successful?
- Who wasn't successful?
  - What could they have done to be successful?
- When is it better to get the small reward right away vs. the big reward later?
  - When is it better to wait?
  - When have you chosen the bigger reward later over the smaller one right away?
- What are your marshmallows? Your phones? iPad? Videogames?
- When is it important to think before you act?
  - When do you NOT need to think before they act?

Goal: Waiting for things we want

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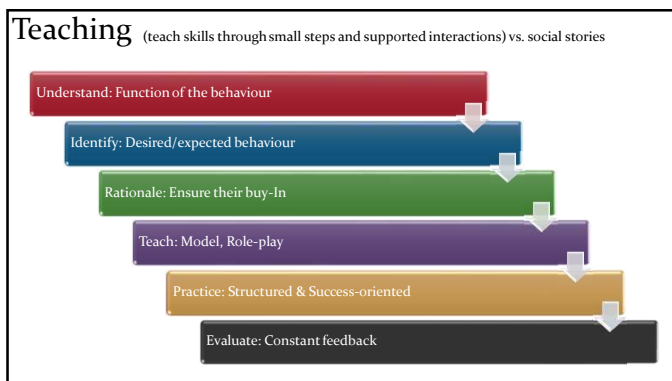
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## Teaching

Resistance training:  
Structured teaching trials to  
learn to resist the temptation

- Do vs. not do
- Proactive
- Clear expectations and consequences
- Ongoing support for success
- Short redirection vs. lectures

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Get Them Thinking About  
Their Own Behaviours

- Your choice.
  - I'll know you want option A if....;
  - And
  - I'll know you want option B if...
- Ask questions
  - What is this, a **preschool**?

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Ask Mobilizing  
Questions

- What's the next step for you?
- What do you want to do about this?
- Where do you go from here?
- What might you do next?

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### Get Meta!



Build Autonomy: Cue HOWS (vs. prompt)

- How will you handle \_\_\_\_\_?
- How will you respond?
- How will you make your next move?
- How can you try something different?*
- How will you keep your PFC online?
- How will you get started?
- How will know when you are done?
- How will you keep going if it gets hard? If you are tired?
- How do you know what you need?
- How do you know where to start?
- How did you know how to do that?
- How would you do this differently next time?
- How were you successful in the past?

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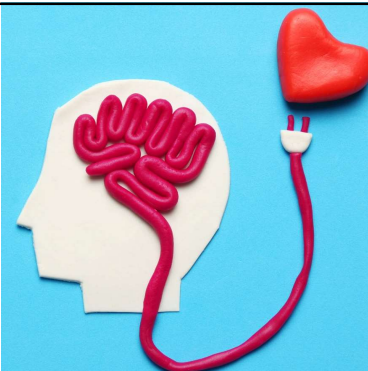
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### Conflict Resolution

Teach!

- Normal part of relationships!
- Not a bad thing – can be positive
- Examples of helpful vs. unhelpful responses



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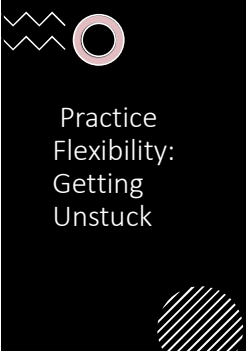
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### Practice Flexibility: Getting Unstuck



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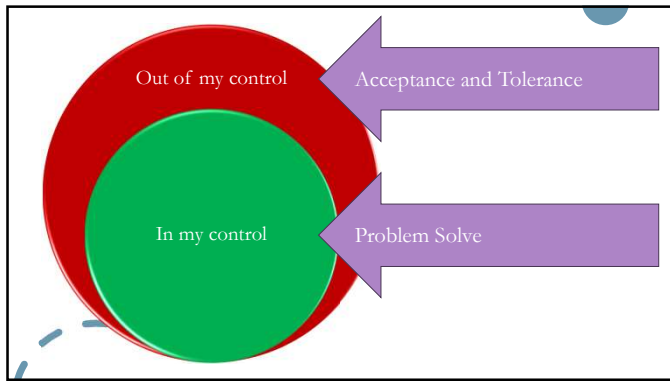
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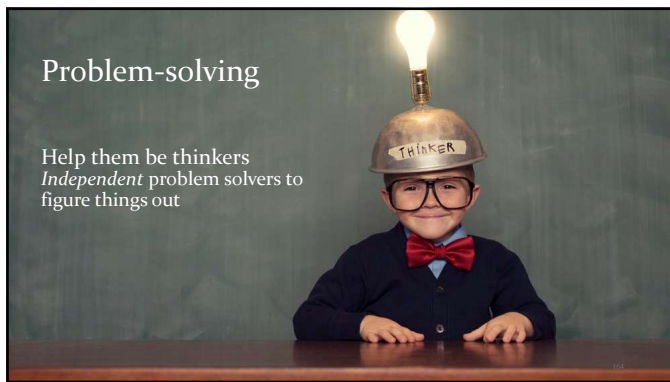
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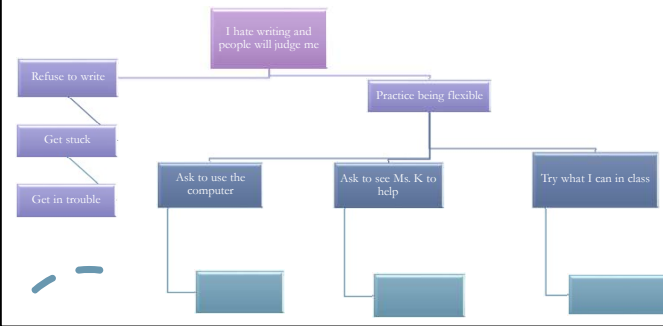
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## Brainstorm, Practice, & Evaluate Options




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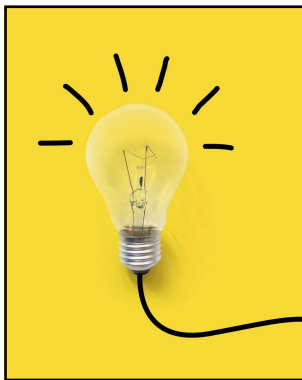
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## Practice!

- Problem-solving
  - Start with emotion free problems
  - Move toward emotionally charged situations

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## Conflict Resolution Effective Communication

- Use teaching interactions
  - Reciprocity in relationships




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# Drawbacks to Angry Interactions

When is \_\_\_\_\_ helpful? When is it not helpful?

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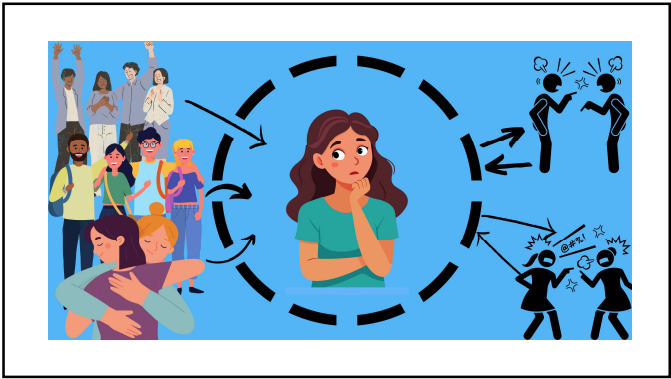
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## Promote self-reflection

- What does prosocial behaviour mean?
  - How do you know when someone is being prosocial?
- What types things have you done to help others?
  - How did it feel?
- What are the benefits of helping others?
- Who is someone you know who is kind or helps others?
  - How do they interact with others?
- How come some people are prosocial and some aren't?
- How come some kids choose to bully others and some don't?
- Are some people prosocial sometimes and not others?
  - What gets in the way of them being prosocial sometimes?
- What motivates you to be kind to others?
- How do you think being prosocial affects your relationships with others?

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Model!

- Polite & respectful behaviours
  - Verbal
  - nonverbal
- Listening
- Validating others
- Collaboratively problem-solving

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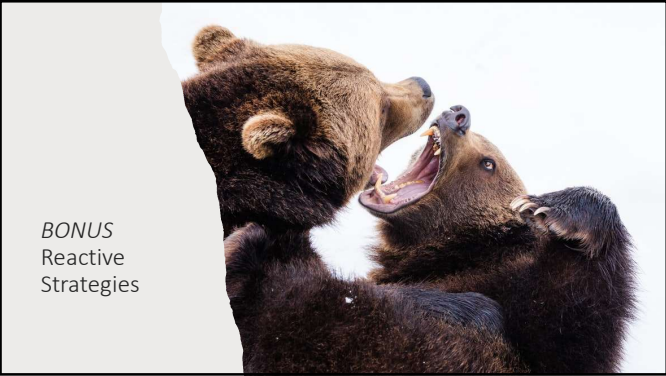
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*BONUS*  
Reactive  
Strategies

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Avoid Reinforcing Problem Behaviours

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Act vs. Talk

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A photograph of a young man with glasses, wearing a white shirt and a dark vest, writing on a chalkboard. He is writing the phrase 'I will follow the rules' multiple times.

### Behavioural momentum

- Give quick instructions of high probability requests in succession
- Add lower probability instruction

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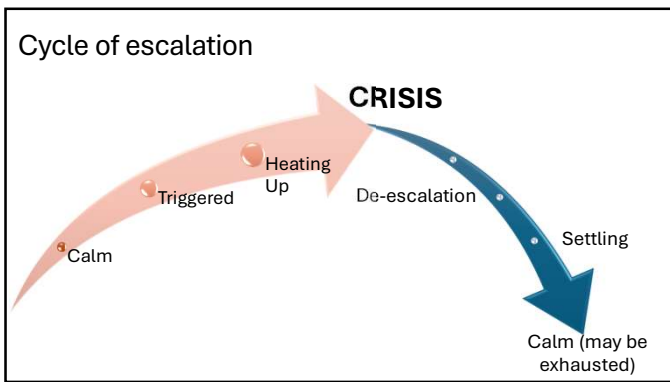
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### Verbal aggression

**Master listener & compassion**

- Acknowledge the upset & validate their experience
- You understand their pain
- Show safety
- Praise! They are communicating with words!
- Be natural and neutral



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### Verbal aggression & Threats

- Doable & targeted to someone
  - Dangerous (especially if they are holding scissors etc.!) )
- Doable but not targeted at anyone specific
  - Credible but less predictable

Always:

- Validate & listen
- Disarm
- Stay calm
- Don't take it personally!
- Lots of love & positive attention when calm

• Use environment to create safety

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### Verbal aggression & Threats

- Yell or swear at someone specific without threats
- Yell or swear without threats to no one in particular

Always:

- Validate & listen
- Disarm
- Stay calm
- Don't take it personally!
- Lots of love & positive attention

• Teach boundaries proactively

• In crisis though: Meh

- Just words
- Normal reaction
- Helps release tension (better than aggression!)

• Stay calm

- Otherwise, we teach this is an effective hurtful strategy

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How would you respond?

You are the worst person in the universe and I hate you. You are a dumb f&%ing a%hole.



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### Ideas on how to respond?

**Master listener & compassion**

- Acknowledge the upset & validate their experience
- You understand their pain
- Show safety
- Be natural and neutrak

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- Always validate their experience and
- Ensure they feel that we understand.

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“Ugh, sounds pretty sucky right now.  
What do you need to get through it so  
you/we can \_\_\_\_\_?”

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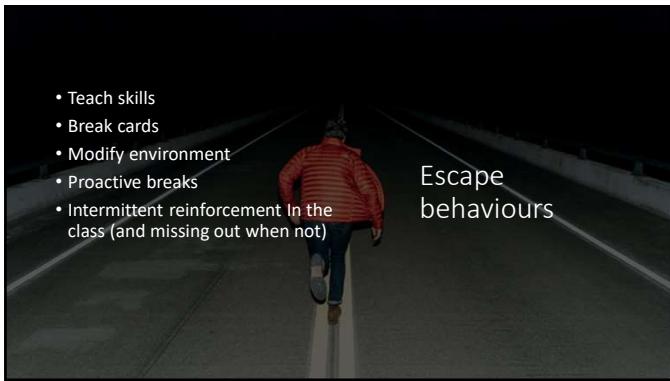
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- Teach skills
- Break cards
- Modify environment
- Proactive breaks
- Intermittent reinforcement in the class (and missing out when not)

## Escape behaviours

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## Physical aggression

Adults & Kids Master De-Escalation & Crisis Management

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Physical aggression towards you

- Dignity & respect
- Create safety
- Collaborative Framework
- De-escalation strategies
  - Create space
  - Call for help



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Physical aggression:  
Escorting or Evacuation?

Avoid physical restraint, but:

- When, How, Who & Where
- Return plan afterwards

Evacuation system:

- Subtle! Don't make a big deal about the behaviour
- Code word & practice drills




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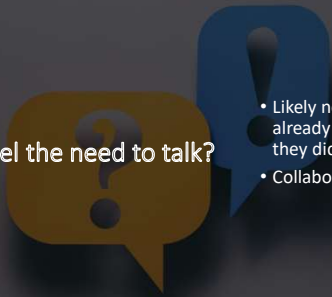
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Still feel the need to talk?



- Likely not helpful (they already know what they did wrong)
- Collaborate

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Managing Behaviours  
*When you feel the need to respond*

It is critical that students can **save face** and have the chance to **self-correct** or **solve the problem** on their own

Least-to-most intrusive response	Choice	Proactive conversations
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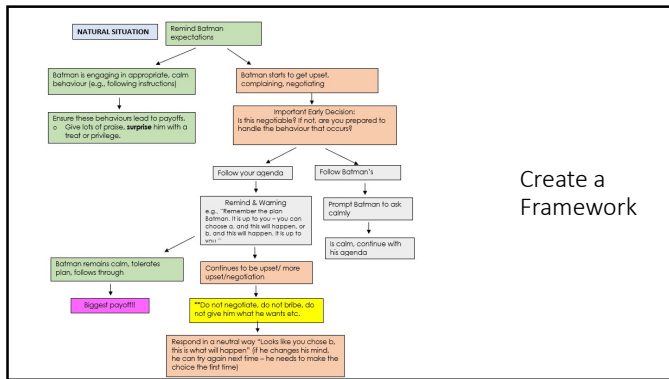
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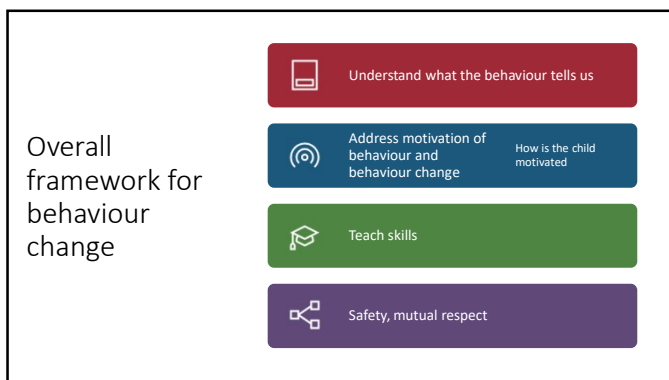
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## Exercise!!!

- Strengthens the brain
- Chemicals calm brain during stress
- Stress chemicals released to help stressed out system recover efficiently
- Promotes attention and other key skills



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## Sleep!!!

- Critical for learning: glue for remembering
  - Need good night sleep before exam
  - Need good sleep after studying for exam!
- Helps manage stress
- Helps eat better



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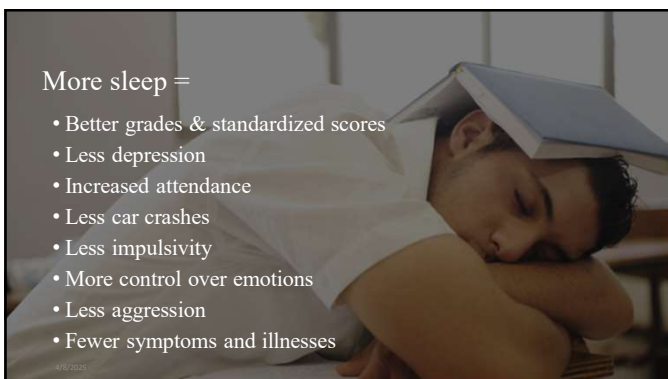
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## More sleep =

- Better grades & standardized scores
- Less depression
- Increased attendance
- Less car crashes
- Less impulsivity
- More control over emotions
- Less aggression
- Fewer symptoms and illnesses



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Important  
Considerations

 Hydration!

 Healthy diet

 Appropriate  
leisure activities

Collections

Physical recreation

Creative pursuits

Nature

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POST-WORKSHOP  
SURVEY



<https://drcarolinebuzanko.com/behaviour-post-survey/>

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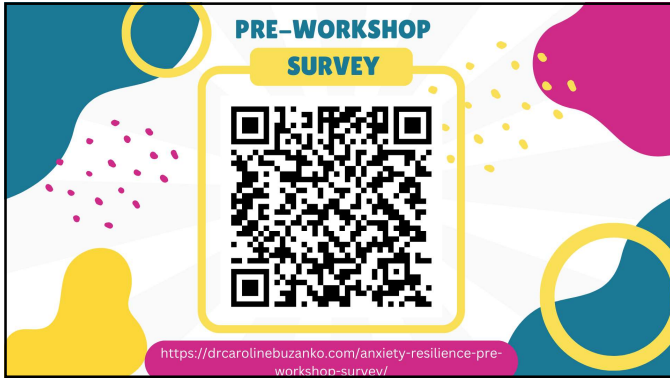
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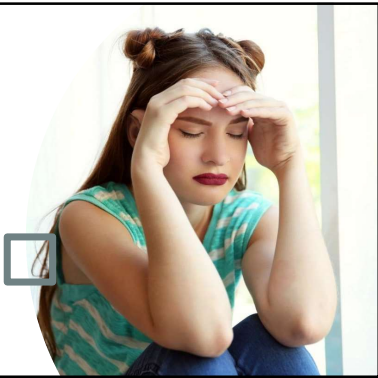
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Untreated anxiety is the leading predictor of depression in teens & young adults



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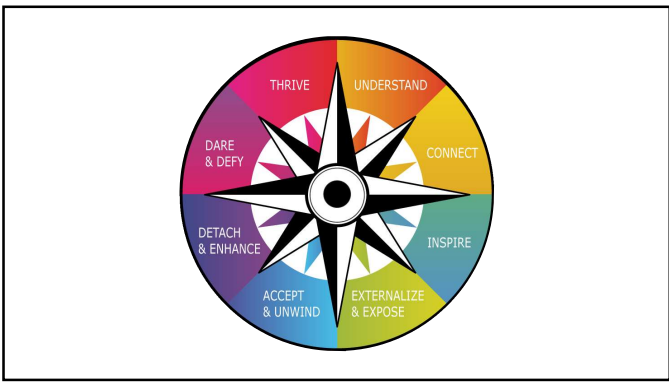
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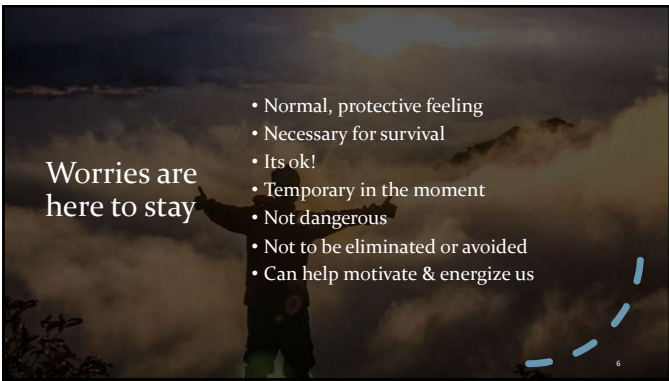
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Worries are here to stay

- Normal, protective feeling
- Necessary for survival
- Its ok!
- Temporary in the moment
- Not dangerous
- Not to be eliminated or avoided
- Can help motivate & energize us



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### Worries to be expected

- Developmentally appropriate fears
  - Survival: separation, danger
- Life transitions
  - New school, graduation, change in family composition, teenage years
- Stressful experiences
  - New or unfamiliar situations

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### Worries to be expected

Infant/Toddlers	Preschool	Early Childhood	Elementary	Pre-Adolescence	Adolescence
<ul style="list-style-type: none"> <li>Separation</li> <li>Novelty</li> <li>Loud noises</li> <li>Shyness, fear of strangers</li> <li>Santa</li> </ul>	<ul style="list-style-type: none"> <li>Animals, dark, thunder, fire</li> <li>Nightmares</li> <li>Monsters &amp; shadows</li> <li>Novelty</li> </ul>	<ul style="list-style-type: none"> <li>Fear of death or ghosts</li> <li>Separation</li> <li>Dark</li> <li>Getting lost</li> <li>Thunder</li> </ul>	<ul style="list-style-type: none"> <li>Changes</li> <li>Performance</li> <li>Getting sick or hurt</li> <li>Animals, monsters, ghosts</li> <li>Natural disasters</li> </ul>	<ul style="list-style-type: none"> <li>Home alone</li> <li>Family or pets</li> <li>Rejection</li> <li>Mortality, health</li> </ul>	<ul style="list-style-type: none"> <li>Social</li> <li>What others think</li> <li>Family getting sick</li> <li>School performance</li> <li>World events</li> <li>After high school!!!!</li> </ul>

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### Worries to be expected

- Temporary
- Do not interfere with functioning
- Students still successful in achieving goals

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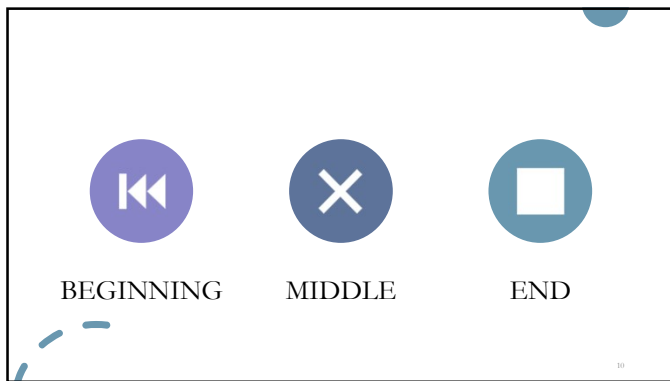
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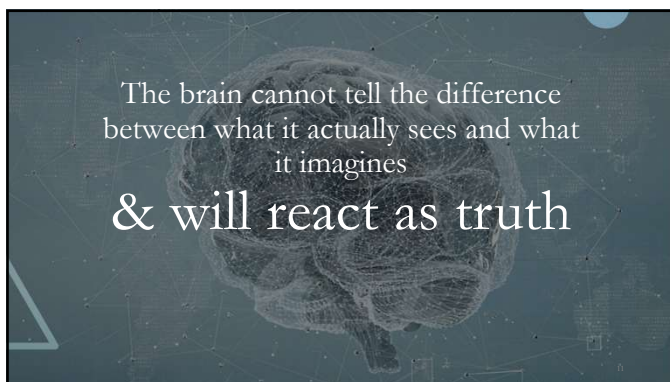
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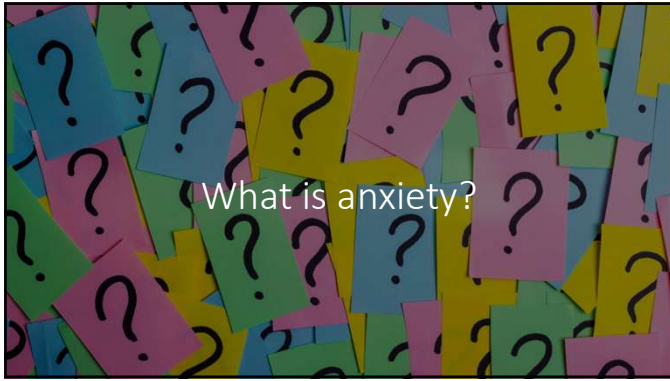
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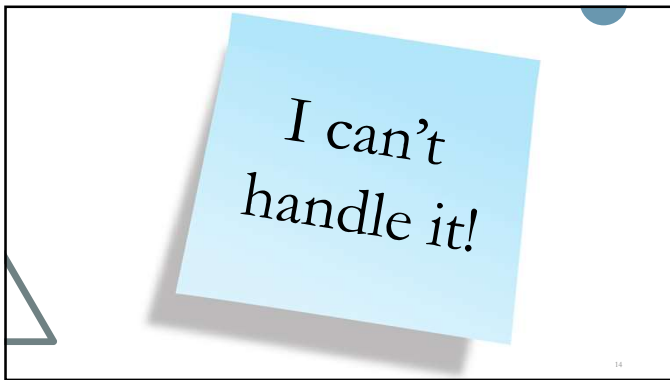
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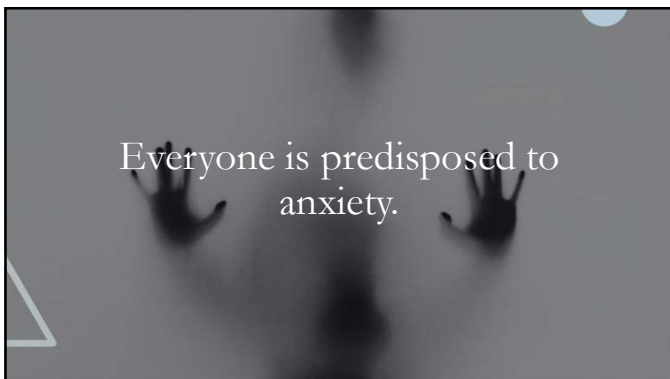
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Kids are More Stressed, More Anxious, & Less Resilient than ever before



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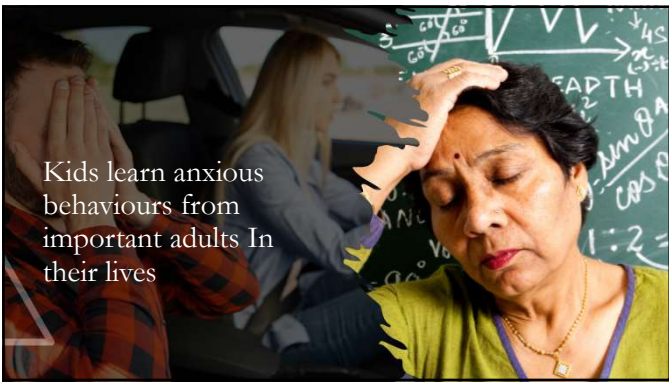
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Kids learn anxious behaviours from important adults in their lives

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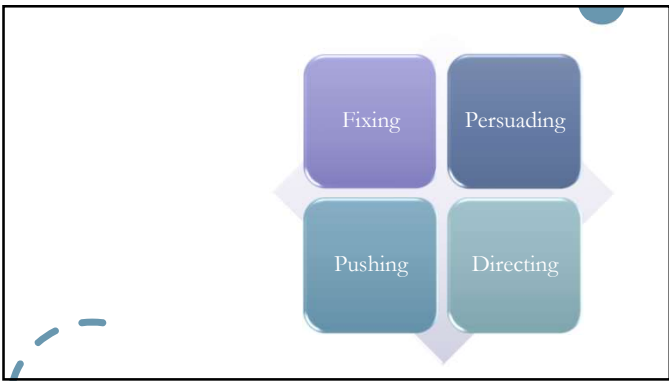
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## Unsolicited Support

- Swooping in can:
  - Undermine the equity in the relationship
  - Create a sense of obligation
  - Independence and self-esteem threatened
  - Feel invalidating
  - Seem unsympathetic
  - Shut down communication

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Saying  
“Don’t  
worry”  
doesn’t work

## Minimizing

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Get stuck in constant  
need for reassurance

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No skills developed

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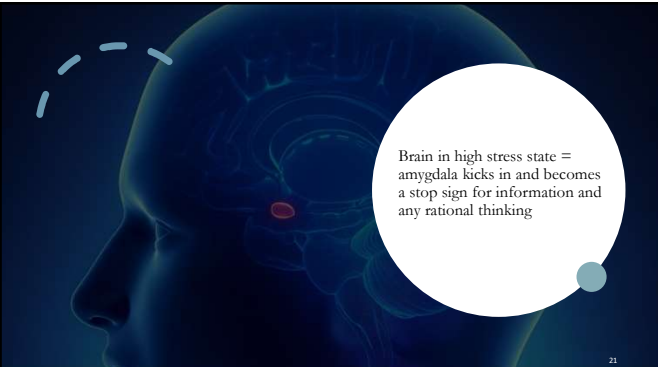
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Brain in high stress state =  
amygdala kicks in and becomes  
a stop sign for information and  
any rational thinking

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### Anxiety...

- Wants certainty
- Wants predictability
- Wants comfort

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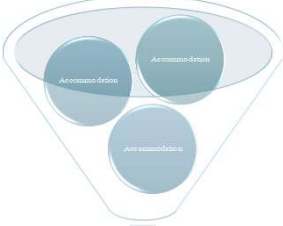
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### Accommodations worsens emotional dysregulation long-term



More impairing and severe with poorer treatment outcomes

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### Accommodation Behaviours



Participation

- Assist in checking behaviours
- Assist in avoidance
- Reassure

Modification

- Prevent distressing situations

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Speaking for the student	Allowing students to be excused	Ensuring predictability	Avoiding outings	Sitting out of anxiety provoking situations (e.g., gym)
Only having one substitute	Participating in rituals	Not throwing away unnecessary items	Not opening windows	Rigid routines
Seeing school nurse unnecessarily	Leaving lights on	Checking homework	Accompanying the child to certain parts of the school	Distraction
Adjusting routines	Alternate place for lunch	Fixed schedules	Pre-warnings and Transition warnings	Stress balls

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Consider IPP's/IEP's

☐ Does it accommodate anxiety? Or prevent it from showing up?

☐ Are skills being taught?

☐ • How do breaks/office visits help?

☐ Is there a transition plan?

☐ Does the plan address physical symptoms?

☐ Does it document how to maintain contact between home and school?

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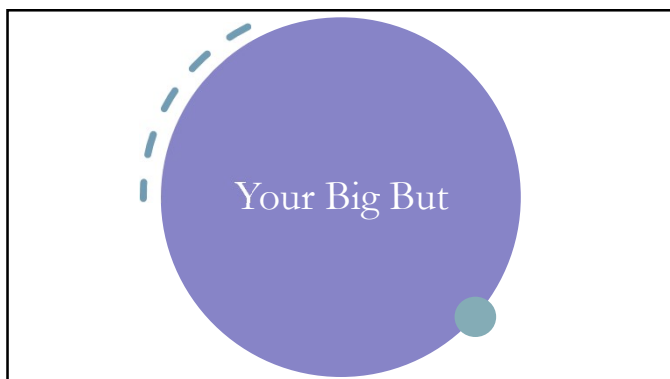
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## Deprived Kids



Critical for developing:

- Resilience
- Competence
- Confidence
- Maturity
- Mental health

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## Stunted Resilience

Kids develop patterns of behaviour/ways to respond to stress and other emotions depending on whether they believe they can manage.

And when they don't think they can manage....



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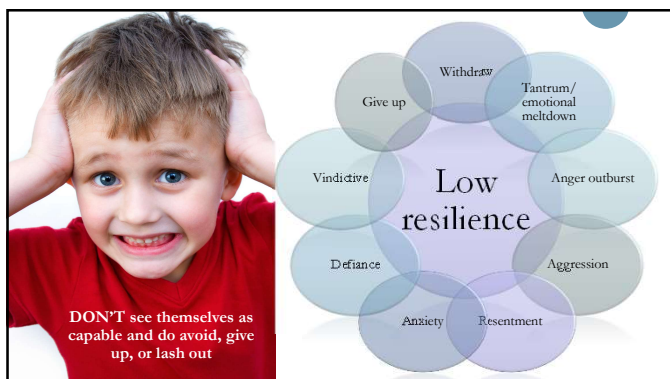
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DON'T see themselves as capable and do avoid, give up, or lash out

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What are you doing for your kids they can do themselves?

Harming kids when we do

- Changes brain development & ingrains emotional challenges
- Makes kids vulnerable: Confidence and resilience stunted
  - No opportunities to experience manageable amounts of stress
  - No opportunities to learn that they can handle it

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### Get Out of the Traps

*This alone can make all the difference in the world*

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What are you doing for kids that they can do for themselves?

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Solution:  
Break the  
cycle that  
cripples  
resilience

- Independent play
- Errands
- Responsibilities

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Resilient kids

- Effectively respond to and cope with everyday challenges+



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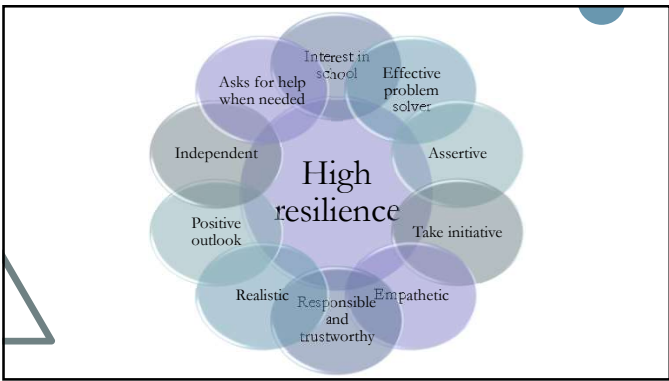
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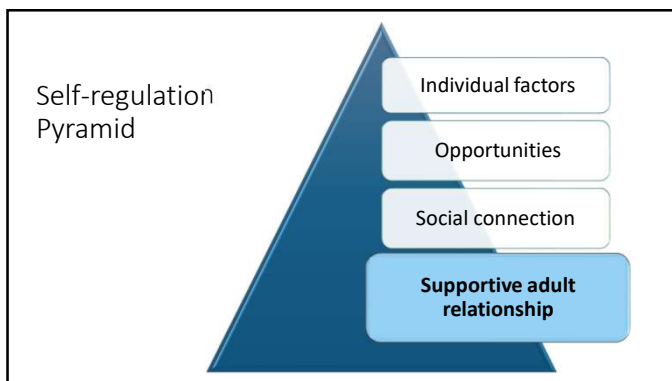
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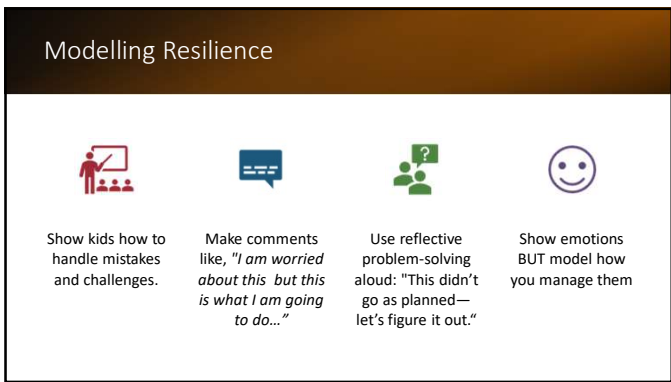
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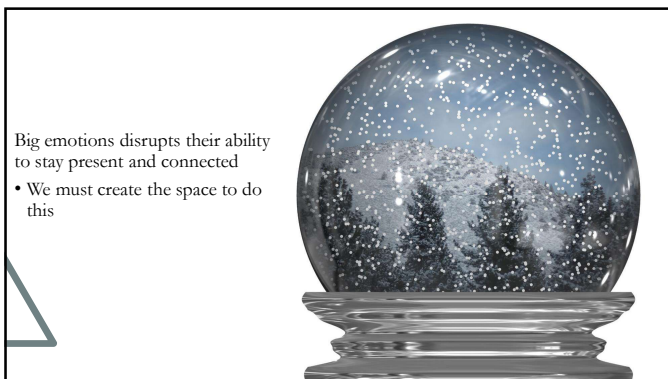
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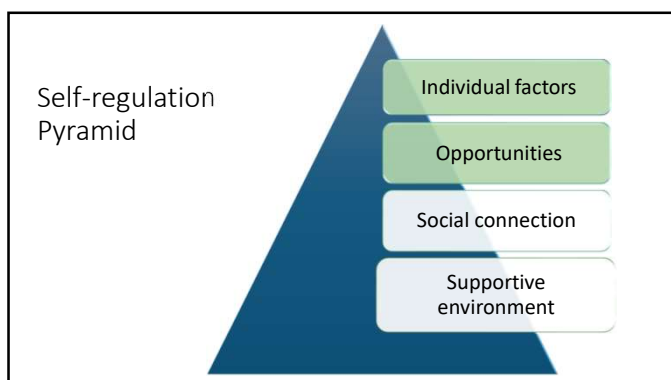
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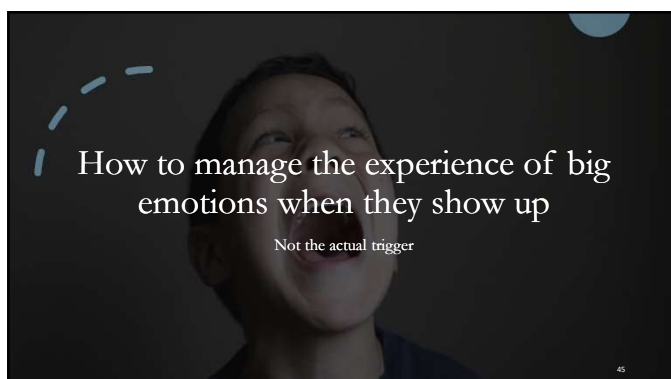
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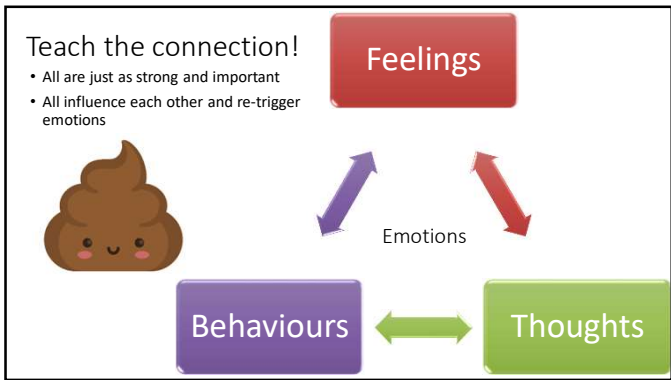
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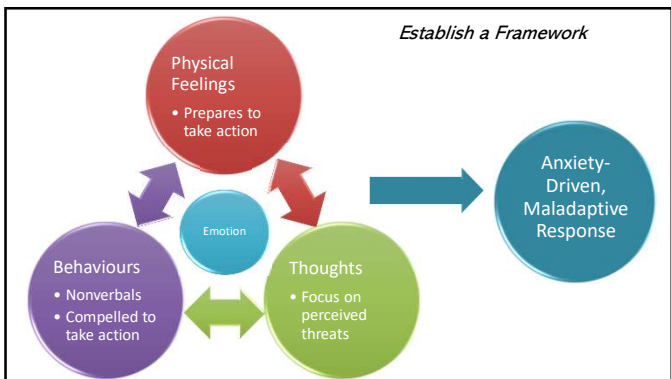
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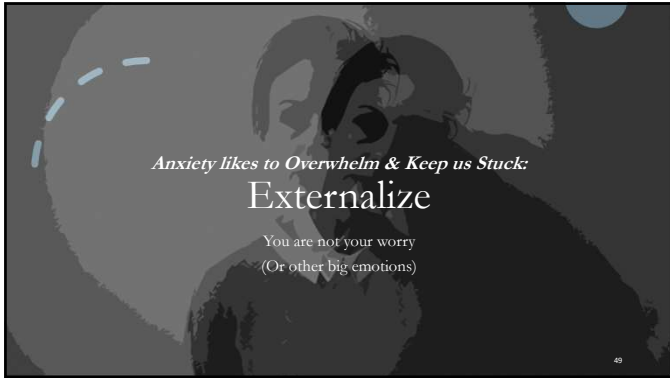
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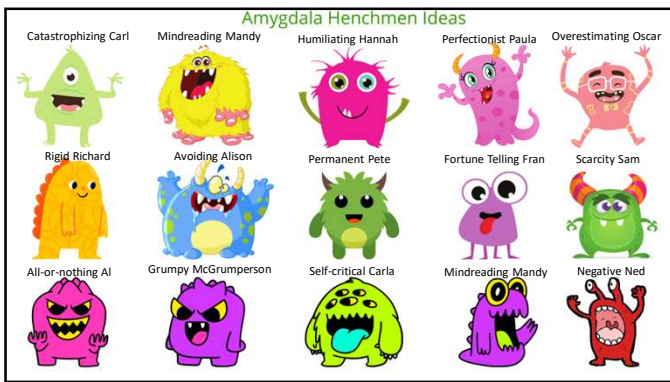
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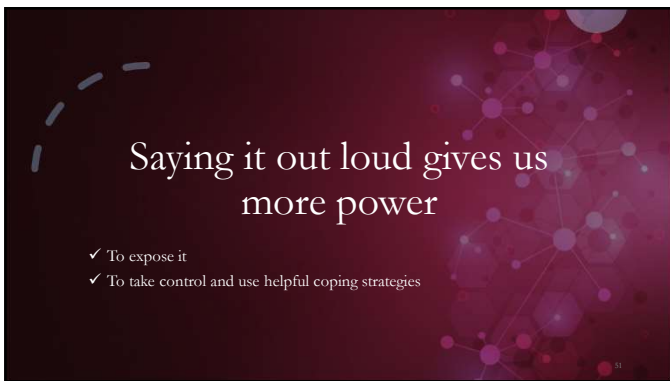
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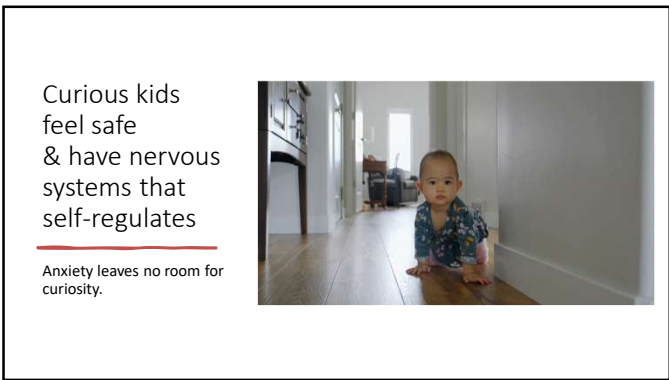
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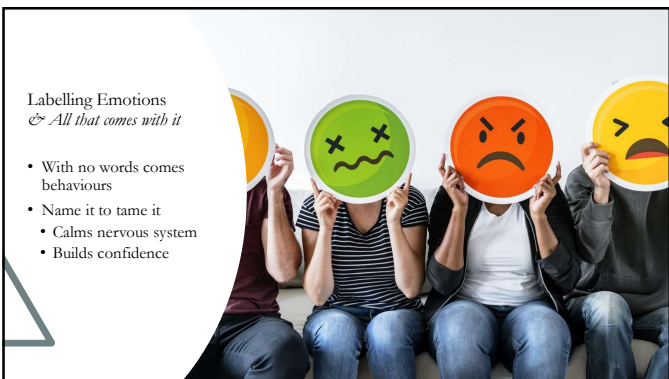
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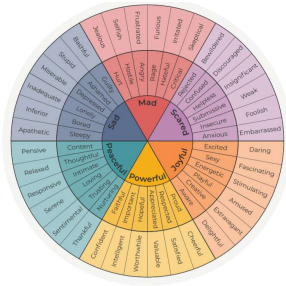
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[illegible]

- Keeps PFC online
- Helps with foresight


[illegible]

# How do emotions show up?




**Sounds like:**

List the worried thoughts and images that come up:



**Feels like:**

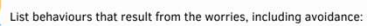
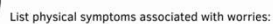
List physical symptoms associated with worries:



**Looks like:**

List behaviours that result from the worries, including avoidance:

List the worried thoughts and images that come up:



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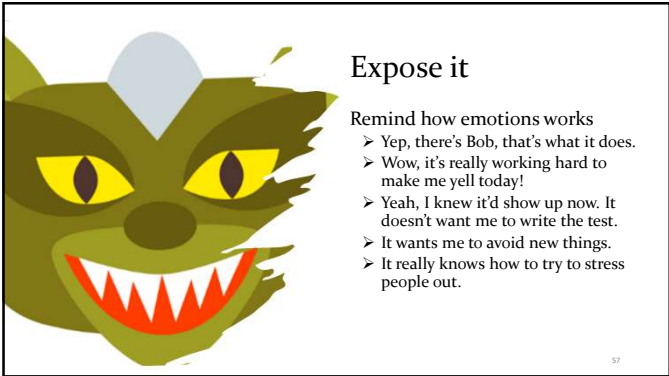
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### Remind how emotions works


- [illegible]

### Understand Functions of Emotions

*and all that comes with it*

MUST have physical reactions to alert us to what is happening

- Cannot change reactions without this understanding



Disappointment

Hurt

Fear

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### Physical Symptoms are a Problem

They start to worry about the physical feelings, which are distressing, which they will do anything to stop

Become reactive  
Misinterpret and leads to more sensations...



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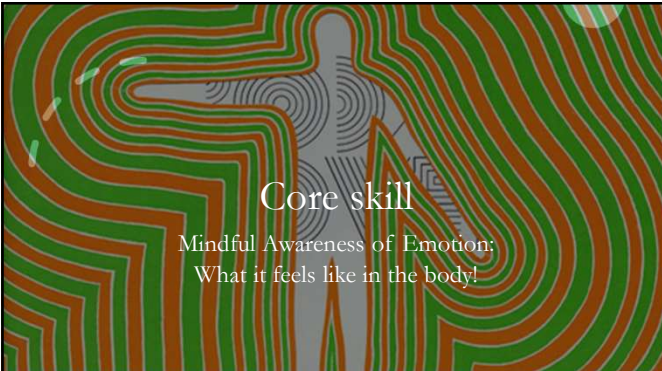
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### Core skill

Mindful Awareness of Emotion:  
What it feels like in the body!

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And we can respond in helpful ways!

That makes sense!  
No wonder - your  
adrenal glands have  
sent out all that yucky  
stuff.

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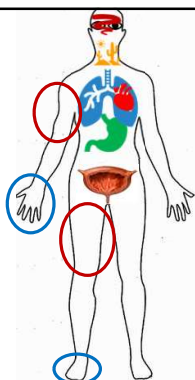
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Emotions  
show up in  
the body



They need to know that  
we **MUST** have physical  
reactions to alert us to  
what is happening

- Cannot change reactions  
without this  
understanding

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When uncomfortable,  
EVERYONE's amygdala takes over  
to try to make us quit.

Discomfort is temporary  
quitting is forever

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Understand how stress shows up = Adaptive thinking

***The mystery is gone***

*BONUS: Expecting physical sensations helps reduce signals to amygdala*



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Mindfulness



Not about relaxing or getting rid of physical symptoms



Not about changing thoughts

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Mindfulness



IT'S ABOUT NOT FIGHTING THEM

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## Mindfulness

- Active process
- Paying attention to the present moment in a non-judgmental way
  - Being detectives

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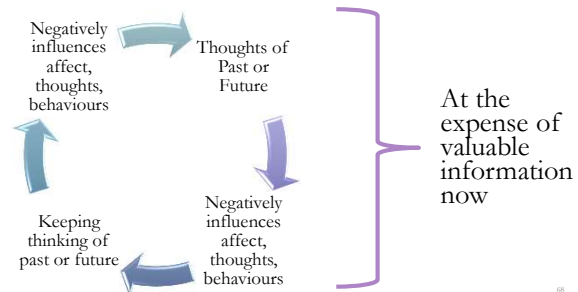
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## Emotions Likes to Keep us Stuck!



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## Mindfulness

- Need to stay here and attend to the current context
  - To keep prefrontal cortex online
  - To attend to corrective information
  - To learn!

Versus getting sucked into worries, which intensifies the emotional experience and keeps us stuck

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## Understand Functions of Emotions

*and all that comes with it*

MUST have physical reactions to alert us to what is happening

- Cannot change reactions without this understanding

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- Dizzy
- Racing
- Tension
- Achy
- Sore
- Hot
- Cold
- Tingly
- Numb
- Sharp
- Breathless
- Shivering
- Sweating
- Trouble swallowing
- Tired

Identify& describe where anxiety shows up. Stronger on left or right?

- Shivers
- Increased heart rate
- Weak legs
- Ringing ears
- Blurred vision
- Muscle tension
- Shaking
- Trembling
- Chest pain
- Headaches
- Burning skin/sweating
- Blushing
- Changes in breathing
- Stomach-ache/ Nausea
- Relaxed

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## Teach process to keep cortex working

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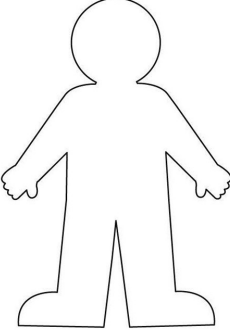
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When we label the different parts of emotions and our experiences, we:

- Change our interpretation of them
- Change how our body responds
- Dampen amygdala's false alarm
- Turn on prefrontal cortex
- Make adaptive decisions
- Learn that we have control over our responses
  - I know what you are & I know how to handle you
- Avoid getting sucked in – it's just a piece of information



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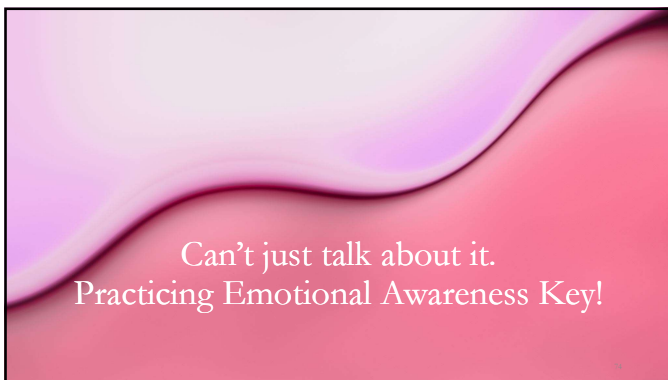
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Can't just talk about it.  
Practicing Emotional Awareness Key!

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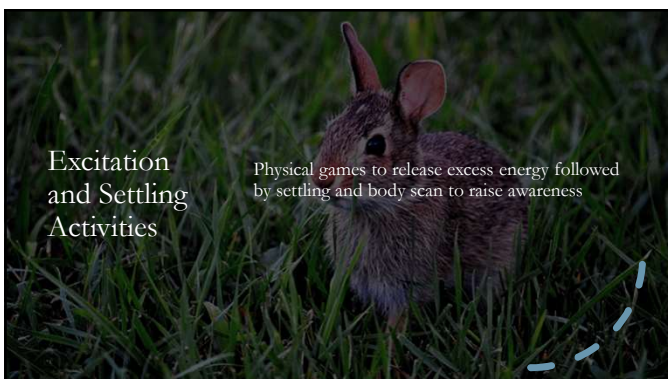
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Excitation  
and Settling  
Activities

Physical games to release excess energy followed  
by settling and body scan to raise awareness

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### Nonjudgmental Awareness of the NOW is Foundational

- Without mindful awareness and acceptance of emotions, can't move on with any of the other work to strengthen more adaptive responses
  - Therefore, need **LOTS** of practice and experiences with **UNCOMFORTABLE** feelings



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### Change Relationship with Emotions

From judgmental and critical stance in which they try to avoid, minimize, or eliminate



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### GOAL Acceptance & Tolerance

- Normal part of being human
- Temporary, not fact
- Sit with them until they subside



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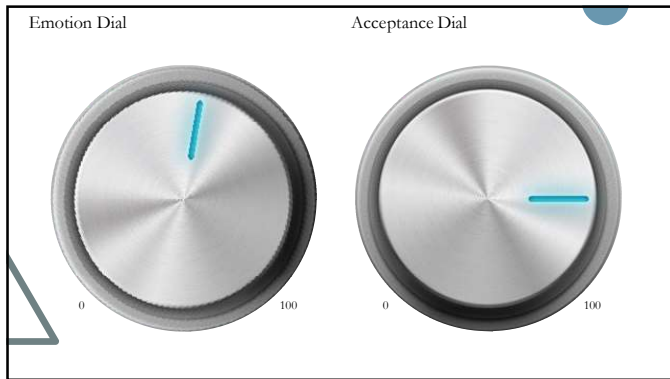
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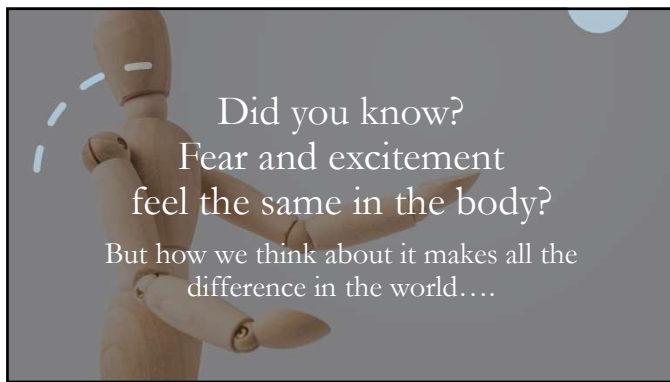
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Different hormones released to prepare for what's to come.

How does our body know?

- Depends largely on our evaluation of the situation, which COMES FROM EXPERIENCE!

**Threat vs. Challenge Response**  
*Not good or bad, different purposes*

**Threat response:** Goal is survival in situations we aren't equipped to handle

- More cortisol to defend and protect

**Challenge response:** Opportunity for growth where we tackle hard but manageable situations

- More testosterone and adrenaline to help us achieve our goal

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## Build Acceptance & Tolerance

- NOT resist, control, or eliminate emotions
- Focus on **ending fear of discomfort**
  - I am uncomfortable but I am going to do this anyway



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## Core skills

Identifying and modifying unhelpful emotion-driven behaviours

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## Resilient kids

Effectively respond to and cope with everyday challenges  
- This is where we are going!



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## Resilience

Ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress.



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## Resilience Needs stress



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## Antifragility: Growing Stronger from Challenges



We grow stronger under pressure.



In strength training, muscles grow when they're exposed to challenges – more than what they're used to



If students aren't challenged, their resilience "muscle" doesn't grow.

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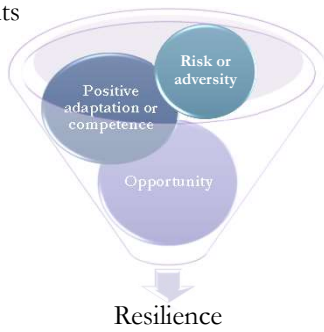
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## Key Ingredients



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90% of what kids learn is  
from what they *experience*

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When children avoid  
things they don't feel  
comfortable with, they  
lose the chance to  
practice and grow

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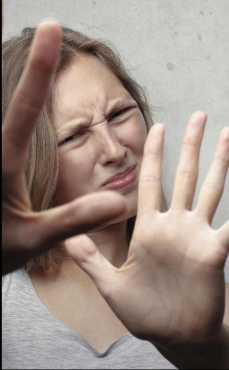
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With avoidance, they never learn!

 <b>Biased Thoughts</b> Never learn thoughts are biased and bad things might not happen or be as bad as thought.	 <b>Safety behaviours</b> Never learn they can cope on their own Hinders their ability to face challenges	 <b>Anxiety strengthened</b> Worried thoughts seem believable
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### Emotional (Avoidant) Behaviours

*Function:  
To reduce the intensity of the emotion*

	<b>Overt Avoidance</b>	Avoid situations, people, things
	<b>Subtle Avoidance</b>	Avoid full experience of emotions
	<b>Cognitive Avoidance</b>	Avoid distressing thoughts
	<b>Safety Behaviours/signals</b>	Used to feel as safe as possible

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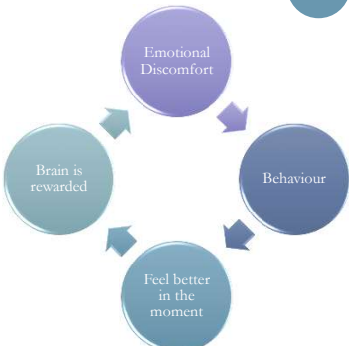
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### Important!

MUST understand how their behaviours are maintaining, or even worsening, their emotional discomfort

- The behaviour is reinforced in the moment, increasing the likelihood of using this strategy again in the future



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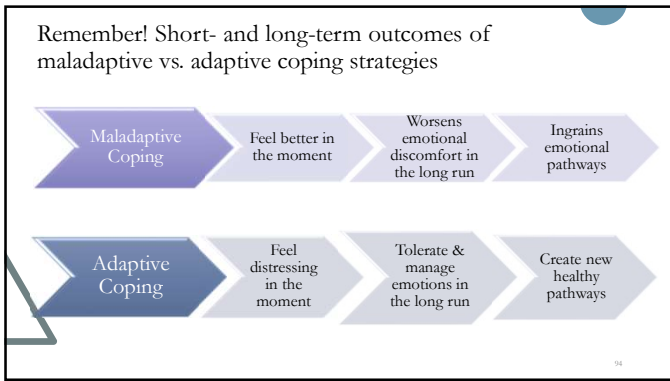
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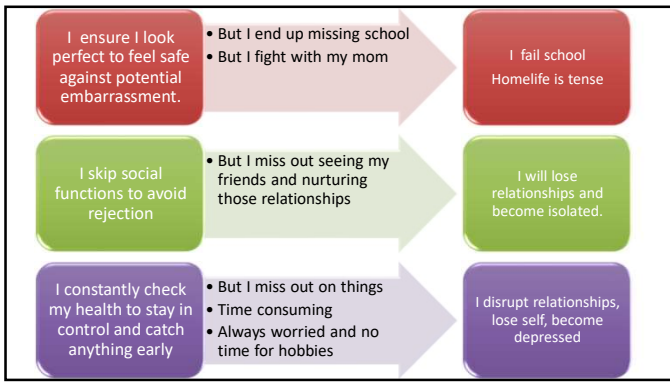
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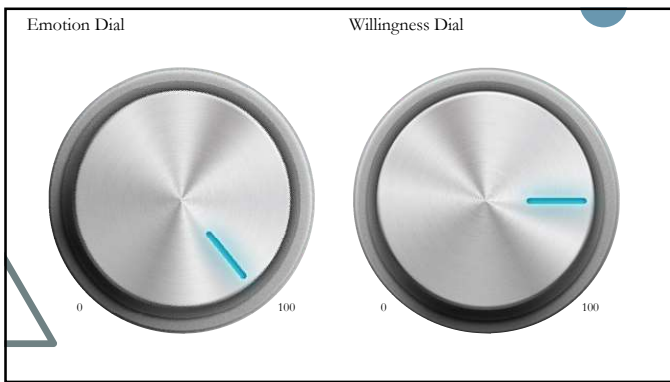
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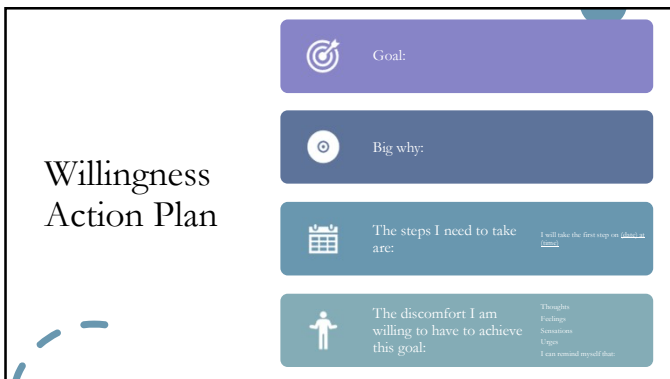
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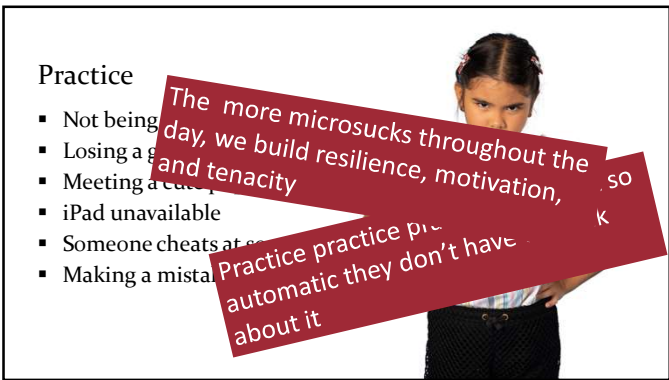
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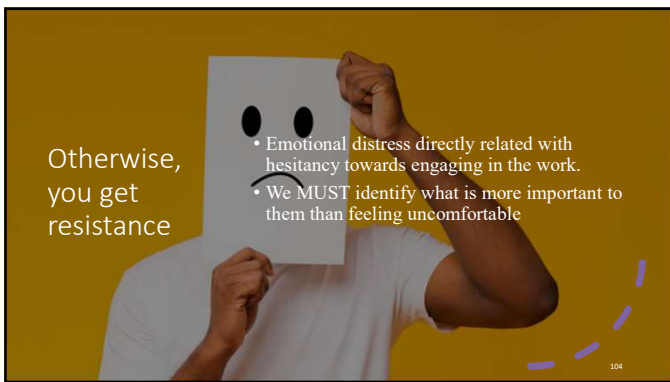
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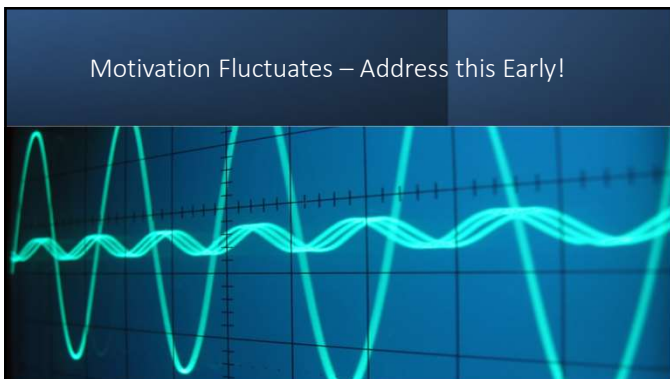
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## Example Teen Cost Benefit Analysis

Benefit of anxiety	Cost of anxiety
Protection – alert to potential dangers	Too upset and reactive
Makes me feel safer and more prepared	Social isolation
Better liked	Personal relationships affected
Prevent judgment	Academics affected
Responsible & taking good care of my health	No time for hobbies and self-care
Easier & more comfortable	Time consuming!
	Not sustainable
	Chronic physical symptoms
	Loss of self
	Effortful to feel overwhelm
	No joy in life

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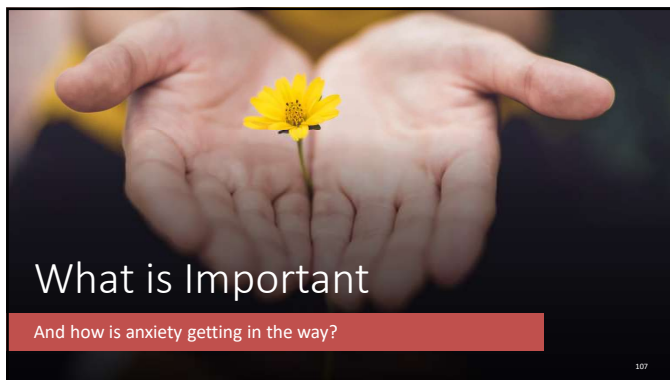
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All the things anxiety makes you do when avoiding

- Cry
- Yell
- Feel gross
- Isolate
- Stay home
- Feel bored

All the things anxiety makes you avoid

- Seeing friends
- Sleepovers
- Birthday parties
- School
- Tryouts for sports (and therefore sport teams)
- Sleeping in own bed
- Making new friends

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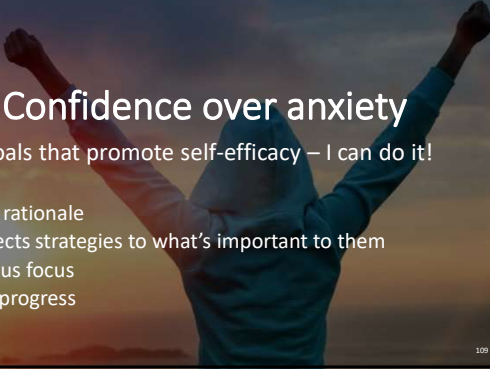
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# Confidence over anxiety

Goals that promote self-efficacy – I can do it!

- Boost rationale
- Connects strategies to what’s important to them
- Gives us focus
- Track progress



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Become so good at managing ANY emotion that comes up.

Learn to *respond differently* through LOTS OF EXPERIENCES

- Anxiety
- Shame
- Guilt
- Rejection
- Disappointment
- Frustration
- Self-doubt



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# Avoiding Rejection Ingrained in the Brain

Why?



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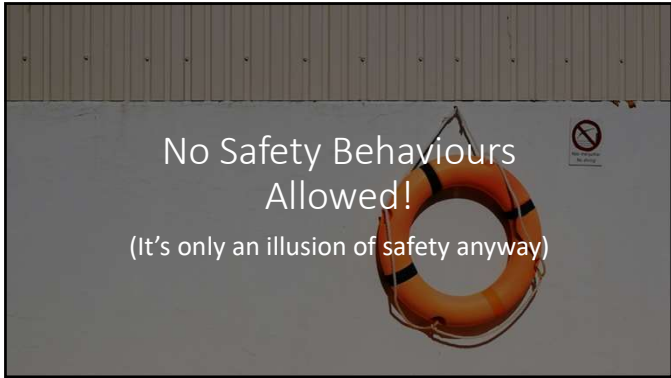
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### The Problem with Safety Behaviours

Habits that maintain & worsens anxiety

- No learning happens: believe the behaviour prevented catastrophe
- Still trying to control anxiety (so never confront fears)
- Effortful and exhausting (which causes more anxiety and dysregulation)

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### Safety Behaviours

*Any strategy to control, avoid, or reduce anxiety*

Sitting strategically (e.g., near exits)	Having someone with you	Carrying a safety object	Never letting heart rate get too high	Having phone charged and on at all times
Medications	Reassurance seeking	Checking google all the time	Having water available at all times	Not eating before leaving the house
Not going to work or school	Asking forgiveness	Praying		

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When the gremlin shows up, it is going to:

Tell me

Make me feel



Want me to

I am going to:

Say

Notice

Do

For Adults:  Reassure  Support Confidence

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Collaborate!

- Brainstorm ideas, rate them, and let them choose
  - The harder it is, the faster the gains!

Easy Hard

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Predictions are important for learning!

Set up as experiments to ensure learning



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### Hypothesis Testing

Lots of experiments and experiences needed!

- What do you think will happen?
- How sure? (1-10)?
- Was the hypothesis right?
- What did you learn?



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*Exposure to LEARN:*

Emotions are safe,  
tolerable, & temporary

When I don't do anything to try  
to make myself feel better, the  
amygdala learns: This is not  
dangerous! (**And stops  
sending the false alarm.**)



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*Exposure to LEARN*

Despite feeling anxious, I  
still did it

And... I can still live life and  
do anything, even while  
feeling anxious!



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### Exposure TO LEARN

No matter what happens, I can handle it!

On my own

- Without others
- Without safety behaviours



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Our job is not to convince:

### Learning happens through experience

They need to:

- Test the accuracy of their predictions
- Make their own conclusions
- Create new expectations



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#### Predict to Maximize Learning!

Antecedents (Triggers to anxiety)	Predicted Awfulness	Actual Awfulness	Later
Walking by M's desk and saying Hi	90		

I predict this will happen

What really happened?

I will turn bright red

I will stare like a deer in headlights

I will say something nonsensical or stupid

M will look at me in disgust

Everyone will hate me

I will die from embarrassment

Need to disconfirm their fear story to the fullest extent possible

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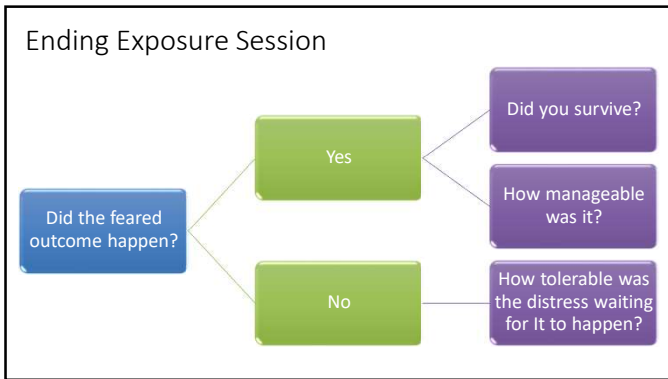
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When exposure is done

- Lots of opportunities
- Can do it on their own without safety behaviours
- NOT about their subjective distress!!!!

Willingness to face anxiety provoking experiences!!!

A person is shown jumping off a rocky cliff, symbolizing the completion of exposure therapy.

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Recovery is when:  
You're not worried about worries

END

The background features a dark, textured circular pattern resembling a mandala or a complex geometric design.

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### Lifestyle Focus

Opportunists: Choosing to be anxious now for more success later



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You don't grow with easy

### CHALLENGE BOARD

- Choose tasks
- Track progress – the harder the task, the further they go!

Experience to cope with challenges  
– realize they CAN manage and have the capacity to succeed



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### Missions for Self-Exposure

*You're only limited by your own creativity!*

Create themes for the week

- Imperfection
  - Make a guess when don't know
  - Focus on quantity vs. quality in a timed task
  - Fast decision making
- Independence
  - Book own appointments
  - Buy things on their own
  - Order the family's pizza
- Talking to people
  - Ask stranger for time or directions
  - Ask someone to play
  - Compliment someone



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## Opportunities to Be Comfortable in the World

Promote independence!

- Give kids the chance to do, think, be, and make their own decisions and mistakes
- Encourage kids to try new things, even when scared
  - They need to know you support and trust them!




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## Opportunities for Independence

- Give more responsibility
- Give kids the chance to do, think, and make on their own
  - Get ready to go home
  - Check their homework
  - Solve conflicts
  - Make their own friends
  - Fix mistakes
  - Solve problems
  - Students to come to you with concerns
  - Assert their needs (set up opportunities)
  - IPP goals
- Teach kids to be comfortable in the world




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## Opportunities: Use Real Challenges!

Challenges are part of life. Dealing with them is part of learning.

- Use teachable moments
  - Solve their own problems
  - Figure things out on their own
  - Take accountability
  - See the consequences of their behaviours
  - Work through next steps and how to fix things
  - Let them fail (don't set them up though)




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# Create challenges!

» **Challenge of the day, week, or month**

Work through things on their own

Might get frustrated in the moment but the intrinsic reward once solved is far greater than if helped



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# Create Challenges For Experimentation

**Objective:** Encourage students to take risks, think creatively, and learn from mistakes. Reinforce the value of trial and error.

- Ensure tasks include **iteration, problem-solving, and self-correction**

Paper tower challenge	Spaghetti & marshmallow bridge test	Egg drop experiment	Paper plane contest	Balloon-powered car race	Bottle rocket launch
Strongest paper chain	Cup tower competition	Mystery STEM challenge	Popsicle stick catapult	Float or sink experiment	Index card tower
LEGO engineering task	Balloon hovercraft	Create a roller coaster for marbles	Design a parachute	Escape room puzzle design	

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Risk-takers advantage  
*Exposing kids to opportunities for some risk is helpful*

- Limits on screen time
- Learn the skills they need to survive early
- Help with important events and occasions
- Let them bake and decorate the cake (without you fixing it)
- Eskimo club
- Using tools

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Doing something brave and difficult is more important than the outcome

Risk-takers advantage



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LET THEM PLAY!!!



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LET THEM HELP!!!

With IMPORTANT things  
Sooner vs. later



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## NEED TO KNOW HOW TO HANDLE THE UNEXPECTED

Skills: tolerate uncertainty and think  
about different options themselves

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(We can't know, so avoid reassurance.)

Let's figure that out.

What could you do?

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Coaches use mirror neurons

Brain can't tell the difference

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Show confidence  
= FEEL confidence

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Confidence

Validation

Effective Response

Kids need to figure out their own challenges: Put it back to them!

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What I know	What I don't know
• We are going to the zoo	• If I have to go to the bathroom
• We are going by bus	• Where the bathrooms are
• We are leaving at 9:10	• Who will be in my group
• We will get back at 2:55	• I will get lost
	• Where to go if I get lost
	• What parent will be in our group
	• If we will see the gorillas
	• If I will fall down and get hurt
	• If I have an allergic reaction

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### Adult Role: Master the Art of Stepping Back & Letting Children Learn from Mistakes

- To maximize student learning, independence, problem-solving, confidence, self-efficacy, resilience, and overall growth, we must allow them to **experience and navigate mistakes**
  - If a child is struggling:
    - Pause and ask if this is a growth opportunity
    - Validate their struggle and show confidence in their ability to figure it out
    - Encourage reflection with open-ended questions (e.g., what could you try next?)
    - Acknowledge persistence and small improvements (vs. the end result)

Trust the process. If they stumble, they will rise stronger.

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## Avoiding mistakes limits opportunities for creativity, innovation, and learning.

**DO NOT** try to eliminate stress or avoid mistakes – capitalize on them for growth and learning.

Help students view frustration as a sign of learning, not defeat, and emphasize the importance of sustained effort.

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## Reframe Mistakes as Opportunities

First though, **MUST** feel safe to make mistakes and learn from them.

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## The Importance of Mistakes and Failure

- Talk about your own mistakes and failures as adults
- Talk about others' experiences
- Talk about their own – what have they learned?

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Create a culture where mistakes are openly discussed, valued, and expected.

## Normalize & Celebrate Mistakes



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## Celebrate Mistakes

- Have a “Mistake of the day” to share a mistake or challenge they faced, how they fixed/handled it, and what they learned
- (Most top performers know they haven’t tried hard enough if they haven’t met a certain # mistakes in a day)



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## Embrace mistakes

What was this experience like?

What did you learn today?

What mistake did you make?

What did you try hard at today?

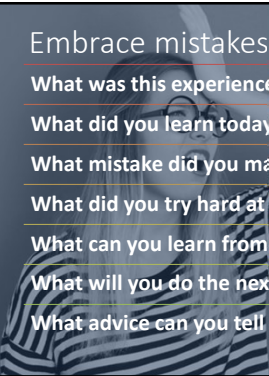
What can you learn from this?

What will you do the next time you are in this situation?

What advice can you tell others based on this?

**Best response to a mistake =**

**Yay! You get to try again!**



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**Build Procedural Thinking!**

- Strive for excellence, but address unrealistic standards
  - Emotions related to expectations
- Focus on what's next (vs. circumstances, rumination, should's)

What's next?

➡

What's next?

➡

What's next?

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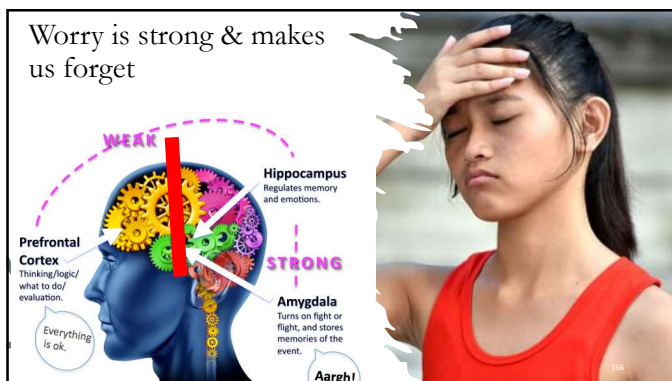
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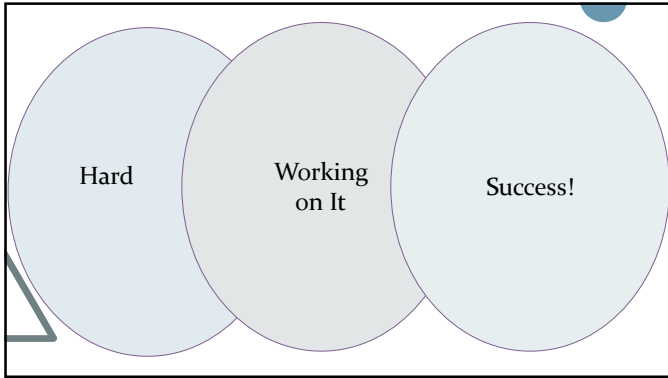
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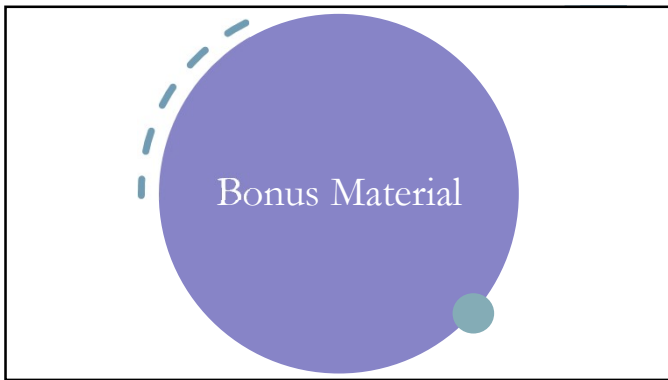
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Mindful Awareness  
& Acceptance of  
Thoughts

- Infinite amount of thoughts
  - $(4.617 \times 10^{61})$  potential thoughts= four hundred sixty-one duodecillion and seven hundred decillion)

A photograph of a person sitting on the edge of a rooftop, looking down at a city. The person is wearing a blue shirt and dark pants. The city below is dense with buildings and skyscrapers.

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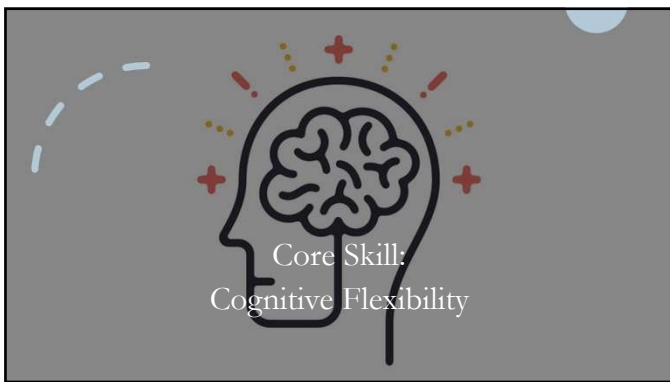
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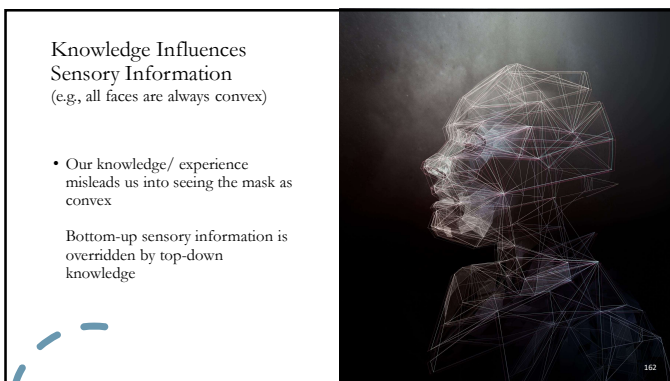
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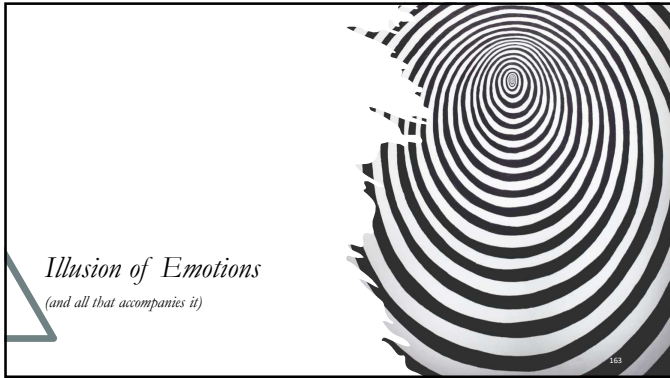
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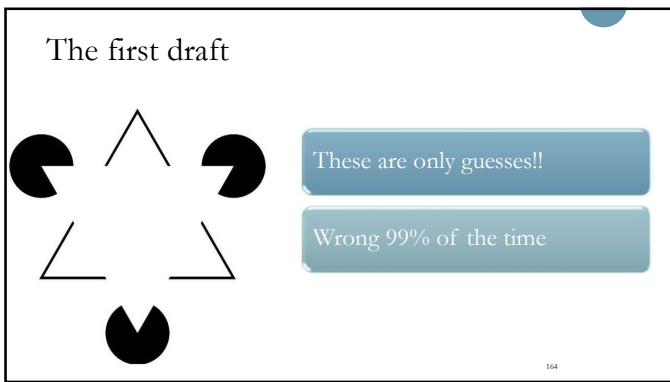
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## Get Unstuck: Detach

### Distancing

- “\_\_\_ is noticing \_\_\_ is having the thought that...”
- Use third person language

Train, balloons, bubbles clouds, or leaves on the river

### Thank them

### Objectify

- What colour? How big? What shape? What texture?  
How would it move if it could?

### Name that Story



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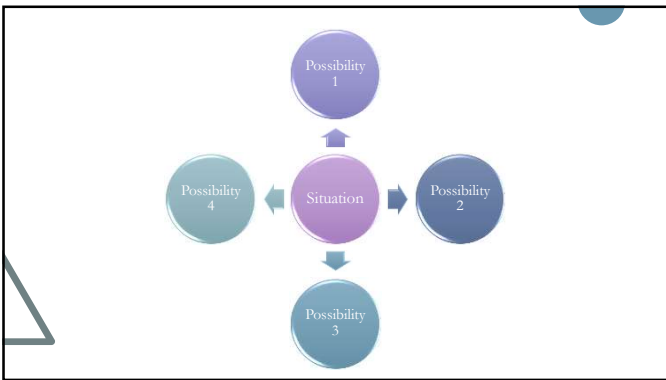
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### Build Awareness! Externalize & Get Meta

- When does Stuck Stan show up?
  - What is easy to get stuck on? What is easy about it?
  - What is easy to avoid getting stuck? What is easy about it?
  - What helps you get unstuck? What worked before? What do you say to yourself to get unstuck?
- Identify obstacles to getting unstuck
- Collaboratively develop strategies to overcome them

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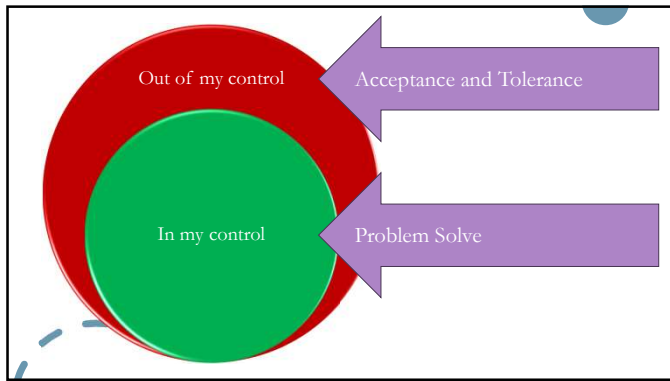
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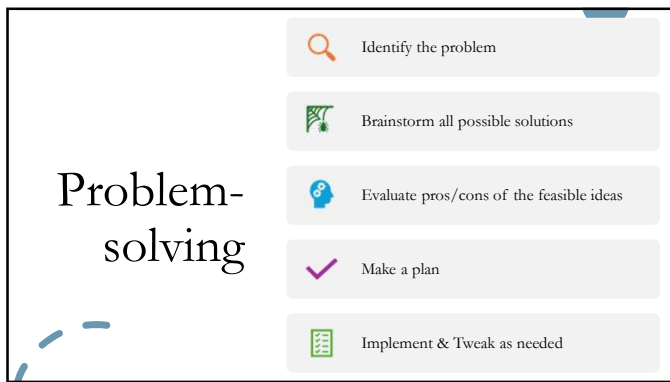
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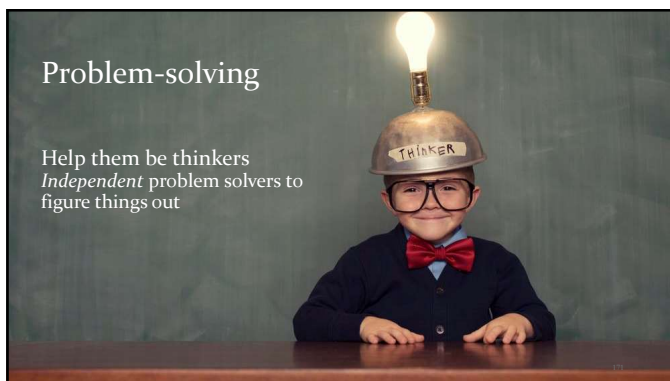
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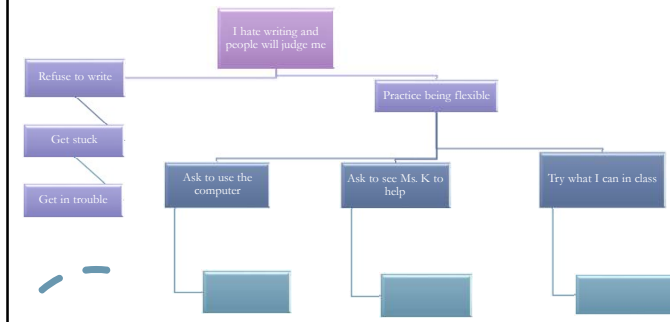
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## Brainstorm, Practice, & Evaluate Options




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### Model!

- I feel frustrated. I need to take a minute to think what to do next.
  - Can you help me brainstorm ideas?
- That's a tight timeline. I am going to plan this out.
- I am a little nervous; I have no idea what will happen. Let's figure this out.




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### Practice!

- Problem-solving
  - Start with emotion free problems
  - Move toward emotionally charged situations




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**POST-WORKSHOP  
SURVEY**



<https://drcarolinebuzanko.com/anxiety-resilience-post-workshop-survey/>

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<https://parentsoftheyear.buzzsprout.com/>

**OVERPOWERING EMOTIONS**  
*with Dr. Caroline Buzanko*  
[rebrand.ly/OverpoweringEmotionsPodcast](https://rebrand.ly/OverpoweringEmotionsPodcast)

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# Bonus Resources

Behaviours

[drcarolinebuzanko.com](http://drcarolinebuzanko.com)

## Developing a personal action plan: Get out of traps!

What traps do I need to get out of?	How can I improve my approach for effective communication?	What can I do proactively ?	What can I start collaboratively problem-solving?	What I can do to strengthen our relationship?
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## Screen Resources

- Canadian Home Video Rating System (CHVRS) <https://www.mpa-canada.org/canada-home-video-rating-system/>
- Center for Humane Technology: <https://www.humanetech.com/>
- Common sense media: <https://www.commonsensemedia.org/>
  - Teach digital citizenship: <https://www.commonsense.org/education/digital-citizenship>
- Family Online Safety Institute: <https://www.fosi.org/>
- Media Smarts: <https://mediasmarts.ca/>
- Screenagers: <https://www.screenagersmovie.com/>
- Wait until 8<sup>th</sup>: <https://www.waituntil8th.org/>

## Behaviour Change Always Starts with Us!

### • Assessing My Role

- . What am I contributing to this conflict?
- . Am I reacting to this situation or responding thoughtfully?
- . Am I enforcing rules consistently, or might my approach appear unfair or biased?
- . Am I modeling the behavior I want to see in this student?
- . Did I provide clear expectations and consequences beforehand?

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## **Always Starts with Us!**

- **Understanding the Student**

- . What might be going on for this student now? What might this student be feeling?
- . What external factors (e.g., home environment, peer relationships, personal struggles) might be influencing their behavior?
- . Does the student feel heard and respected during this interaction?
- . Have I considered the student's context/developmental needs in interpreting their behavior?
- . What unmet needs (e.g., safety, belonging, competence) might be driving this behavior?

## **Behaviour Change Always Starts with Us!**

- **Improving the Relationship**

- . What is one action I can take to improve the dynamic?
- . What steps can I take to repair trust with this student?
- . What can I do to help this student feel seen and valued?
- . Have I built a strong enough relationship with this student to understand their triggers and motivators?
- . Am I focusing on the student's strengths as much as addressing their challenges?
- . How can I create a safe space for the student to express themselves without fear of judgment or punishment?
- . Have I provided opportunities for the student to share their perspective on this conflict?

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## Effective Communication

- You listen more than talk
- You remain calm
- You acknowledge their perspective
- Your attitude is respectful and caring
- You respect their autonomy
- You ensure that they feel heard



## Unhelpful Communication

- You ignore perspective
- Your attitude is not respectful and caring
- You try to lecture, teach, nag, or fix the situation, share your agenda
- Talk too much
- Emotional escalation or power struggle
- Taking things personally
- Negativity
- Judgment

## Establishing Behaviour Expectations Tips

- Involve child
- Start small! Few rules and build on successes
- State rules positively
- Make rules visible
- Teach & practice to success
- Use role play to keep kids actively engaged
- Train every day
- Automatize (requires less brain energy!)
- Tie new behaviours to existing ones
- Use positive motivators vs. Punishment
- Make rewards appealing and immediate
- Acknowledge adaptive behaviours
- Review expectations and support at point of performance
- Provide ongoing structure and support for success
- Choices
- Structured breaks

8

# Self-Regulation Expectations & Supports

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## Example Stressors Depleting Self-Regulation Capacity

Biological	Emotion	Cognitive	Social	Prosocial
<p>Loud noises, sensory overload</p> <p>Pain or discomfort</p> <p>Inadequate or irregular sleep</p> <p>Lack of physical activity</p> <p>Sitting too long</p> <p>Screens</p> <p>Poor diet</p> <p>Dehydration</p> <p>Too hot or cold</p> <p>Allergies or intolerances</p> <p>Illness</p> <p>Poor air quality - classrooms!</p> <p>Lack of exposure to natural light</p> <p>Discomfort in clothes</p> <p>GI problems</p> <p>Overexertion</p> <p>Medication side effects</p> <p>Lack of natural light</p>	<p>Changes in routine, transitions</p> <p>Leaving parents</p> <p>Over-excitement</p> <p>Fear of making a mistake</p> <p>Trauma</p> <p>Feeling unsupported</p> <p>Negative self-talk</p> <p>Anxiety, sadness, anger, frustration</p> <p>Guilt or shame</p> <p>Feeling overwhelmed with work</p> <p>Inability to express emotions</p> <p>Feeling powerless</p> <p>Uncertainty</p> <p>Loneliness</p> <p>Social exclusion</p> <p>Pressure to perform</p> <p>Relationship conflicts</p> <p>Feeling unloved or unsupported</p> <p>Stress from life changes</p>	<p>Put on the spot</p> <p>Uninterested in a topic</p> <p>Information overload</p> <p>Distractions</p> <p>Fast pace, time pressures</p> <p>Lack of clear instructions</p> <p>Language barriers</p> <p>Complex problem solving under pressure</p> <p>Memory demands</p> <p>Clutter</p> <p>Unfamiliar or new environments</p> <p>Inconsistent routines</p> <p>Lack of feedback on performance</p> <p>Concentrating for long</p> <p>Homework</p> <p>Making choices</p> <p>Busy schedule</p> <p>Disorganization</p> <p>Frequent task switching</p> <p>EF challenges</p>	<p>Bullying</p> <p>Social media pressures</p> <p>Peer pressure</p> <p>Friendship fires</p> <p>Family conflicts</p> <p>Social anxiety or shyness</p> <p>Miscommunications</p> <p>Disagreeing with what someone is saying</p> <p>Being in a social setting alone</p> <p>Sharing ideas as part of a group plan</p> <p>Missing friends</p> <p>Navigating complex social hierarchies</p> <p>Trouble making friends</p> <p>Cultural assimilation challenges</p> <p>Being a minority</p> <p>Lack of empathy</p> <p>Managing social commitments</p> <p>Navigating societal norms and rules</p>	<p>Empathy overload</p> <p>Moral dilemmas</p> <p>Injustice to self or others</p> <p>Feeling undervalued or unappreciated</p> <p>Observing or learning about widespread suffering</p> <p>Witnessing distress without being able to help</p> <p>Conflict between personal values and societal expectations</p> <p>Being undervalued or unappreciated</p>

## *Early Childhood Co-regulation Considerations*

### Adult relationship

- Key for effective emotion regulation

### Teach

- Expressing emotions & problem solving through direct instruction, modelling, and coaching

### Identify & Label

- Observed emotions

### Model

- Appropriate emotion management (e.g., self-talk)

### Prompt & reinforce

- To follow the same process.
- Self-regulation supported through external consequences.

## Role of Language

### Receptive and expressive skills related to executive functions & impulse control

- Parent verbal skills also predictive of impulse control

### Language also important in learning strategies for self-regulation

- Explain rules and talk through problems
  - Learn rationale for behaviours
  - Interpersonal communication
    - Negotiate adult demands and peer conflict
- Verbal self-instruction to internal speech and later thoughts
- Label emotions helps appraise their experience and how to react



## *Early Childhood* Co-regulation to Self-regulation

- **Guided choices** to promote a sense of control
- Establish **consistent daily routines** to provide a sense of security and predictability.
- Use stories or play to discuss feelings and appropriate responses to different situations.
- Engage children in play activities that require turn-taking and sharing to naturally **teach self-regulation in a social context**.
- Encourage them to **solve minor problems** on their own with verbal guidance, fostering early decision-making skills.

## *Early Childhood* Co-regulation to Self-regulation

### Ideas for in the classroom

- Visual and verbal cues to **signal transitions** between activities, helping children prepare for changes and reducing anxiety.
- Provide **structured choices** during activities to promote autonomy while ensuring the choices align with educational goals.
- **Model appropriate social and emotional responses**. Use role-play to practice these skills in a controlled setting, providing immediate feedback.



## *Middle Childhood Co-regulation Considerations*

Adult relationship

Teach problem-solving.

Model conflict resolution.

Provide time and space to manage emotions.

Model, prompt, and reinforce developing skills.

Encourage independence in task completion with external consequences as needed.



## *Middle Childhood Co-regulation to Self-regulation*

- **Explicit teaching** of specific strategies
  - Managing emotions, managing time, monitoring work and behaviour, focusing attention, and being more independent through the day.
- **Scaffolding** for complex tasks: step-by-step guidance, gradually reducing support as their skills improve.
- **Positive reinforcement** for desired behaviours that promote self-regulation.
- **Collaboratively problem-solve**
  - Encourage them to generate potential solutions, consider different options and consequences

## *Middle Childhood* Co-regulation to Self-regulation

### Ideas for in the classroom

- Implement classroom management strategies that **encourage self-regulation**, such as a place to reset their battery or a point system for self-monitoring behaviour.
- Use **group projects to teach cooperative skills**, turn-taking, and conflict resolution, requiring children to regulate their behaviour in social contexts.
- **Teach skills directly**
  - E.g., organization - how to keep a tidy desk or use an assignment notebook, providing regular check-ins and support as needed.



## *Adolescence* Co-regulation Considerations

### More reactive to stress

- Increase in reward sensitivity and sensation seeking
  - Stronger than cognitive regulation
  - Low impulse control
  - Peer context increases risky behaviours
- Reduced avoidance behaviour
  - Experimentation and novelty seeking

= **Self-regulation is out of balance**

More vulnerable to anxiety, depression, and risk behaviours

## *Adolescence* Co-regulation to Self-regulation

### Adolescence

- Relationship
- Effective communication - always supportive so they feel safe to express and manage their emotion
- Invitations and seeds of guidance on coping mechanisms.
- Coach
  - EF skills & healthy stress management
- Collaboratively problem solve
- Encourage decision-making when regulated
- Set and review goals
- Set limits to reduce reward-seeking behaviours
- Monitor task completion



## *Adolescence* Co-regulation to Self-regulation

- Encourage projects that require planning, research, and execution over longer periods.
- Teach and model effective time management strategies.
- Work with them to set personal goals related to self-regulation and actionable steps to achieve these goals.
- Gradually increase their autonomy over daily choices and responsibilities, providing guidance as needed while encouraging independent problem-solving.
- Foster an environment for open discussions about emotions and struggles without judgment, emphasizing collaborative solutions.
- Encourage self-reflection about their beliefs, values, and goals for identity development.

## Adolescence

### Co-regulation to Self-regulation

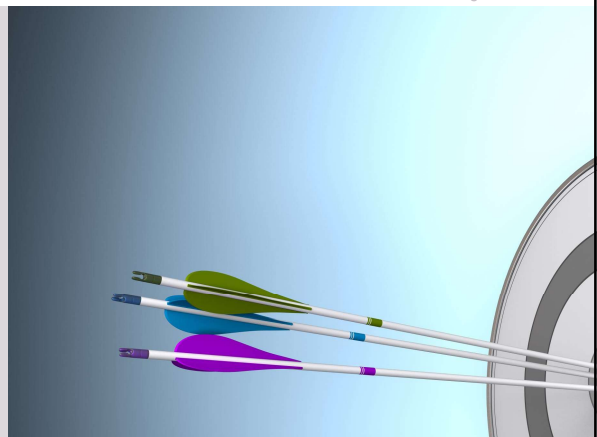
#### Ideas for in the classroom

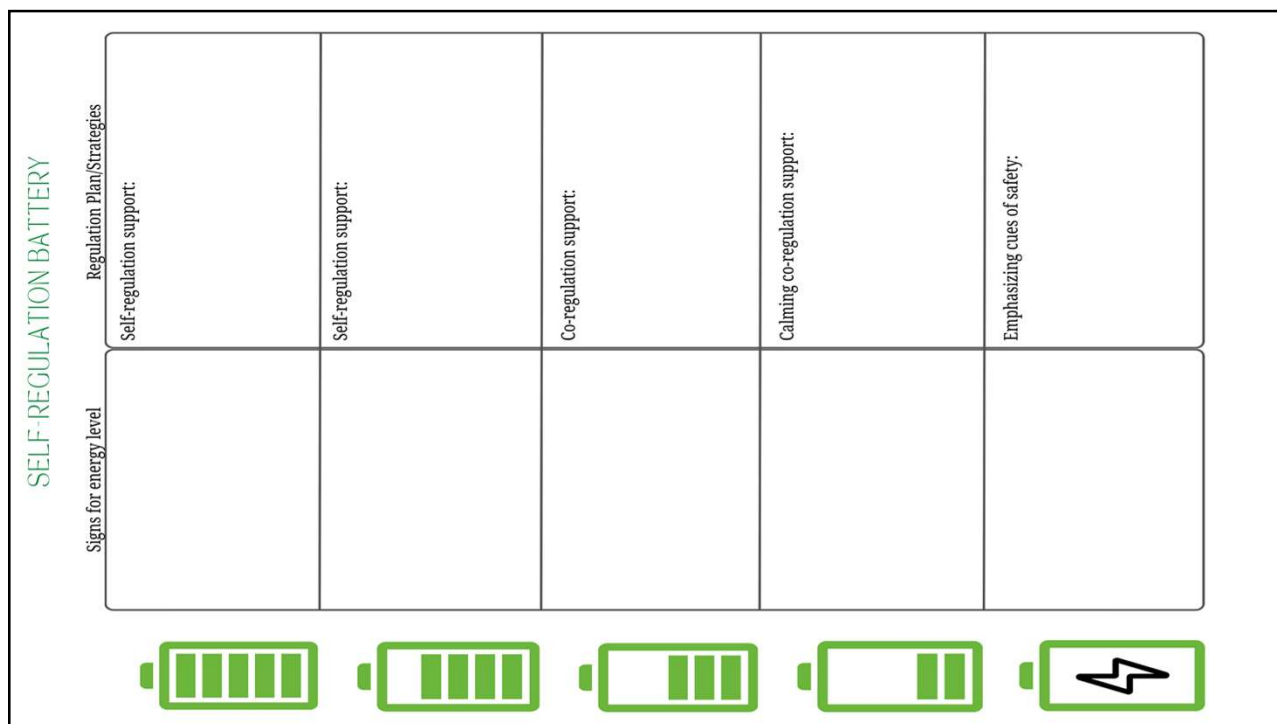
- Provide opportunities for students to **assess their own work** and set personal learning goals.
- Offer **project-based learning opportunities that require independent** research, planning, and execution, with the teacher acting as a facilitator rather than a director.
- **Incorporate lessons** on stress management, mindfulness, and coping strategies to help students manage academic pressures and personal challenges.



## Tips for All Ages

- Relationship and safety
- Explicit and consistent expectations
- Positively reinforce desired behaviours
- Focus on effort and improvements
- Mindfulness

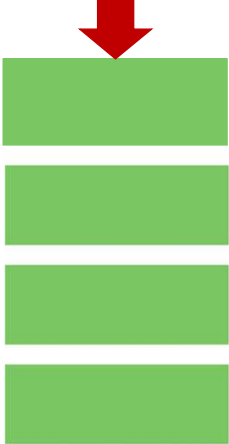




## Self-Regulation Battery Example

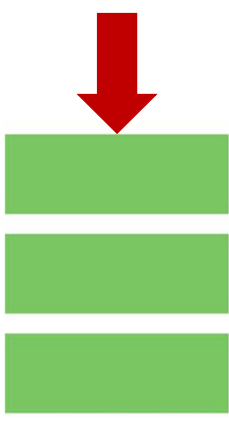
Signs for Billy's energy level	Self-regulation Plan/supports for Billy
<p><b>Optimal participation</b></p> <ul style="list-style-type: none"> <li>▪ Communicates needs</li> <li>▪ Easily transitions</li> <li>▪ Engaging</li> <li>▪ Smiles</li> <li>▪ Follows requests easily</li> <li>▪ Follows rules</li> </ul>	<p><b>Self-regulation support</b></p> <ul style="list-style-type: none"> <li>• Adults monitoring his energy levels &amp; providing support as needed</li> <li>• First-then for less preferred activities</li> <li>• Regular breaks to do energy restoring activities</li> </ul>

Still need support!!

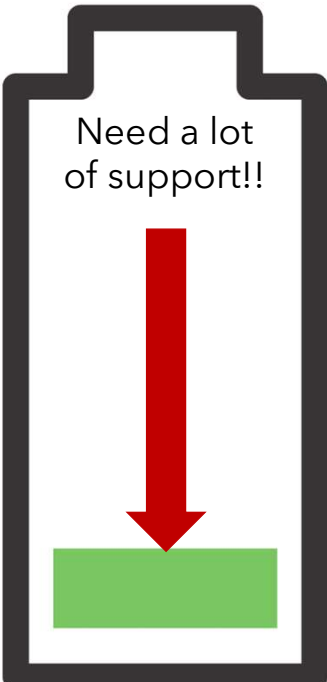


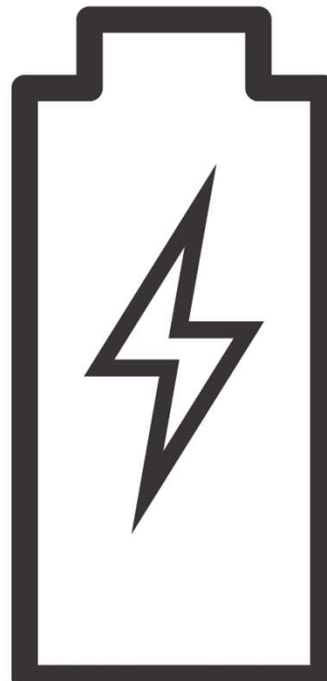
Signs for Billy's energy level	Self-regulation Plan/supports for Billy
<p><b>OK Participation</b></p> <ul style="list-style-type: none"> <li>Seeks attention/connection</li> <li>Can choose and engage in tasks with frequent check-ins</li> <li>Responds to strategies offered</li> <li>OK with following rules</li> <li>Transitions with support</li> <li>Negotiates-can come to agreement</li> </ul>	<p><b>Self-regulation support</b></p> <ul style="list-style-type: none"> <li>First-then</li> <li>Visual schedule</li> <li>Choices</li> <li>Hands-on activities out and available to use</li> <li>Social acknowledgment when requested</li> <li>Frequent breaks with energy restoring activities</li> <li>Regularly monitoring signs of stress</li> </ul>

Need more support!!



Signs for Billy's energy level	Self-regulation Plan/supports for Billy
<p><b>Struggling to participate</b></p> <ul style="list-style-type: none"> <li>Echolalia</li> <li>Grabs</li> <li>Less agreeable Little patience/hard to wait</li> <li>Impulsive</li> <li>Says he is "bored"</li> <li>Stomps feet</li> <li>Moves away from group</li> <li>May not eat when needed/hungry</li> <li>Self-Initiating breaks</li> <li>1:1 support to do activities</li> <li>1:1 support to transition</li> <li>Rigid negotiations</li> <li>Anxiety</li> </ul>	<p><b>Co-regulation support</b></p> <ul style="list-style-type: none"> <li>First-then</li> <li>Modify expectations</li> <li>Following his lead about calming activities</li> <li>Physical activities</li> <li>1:1 quiet time</li> <li>Self-regulation supports Into routines</li> <li>Connect before direct</li> <li>Reduce stressors draining energy</li> <li>Energy boosting activity</li> </ul>

 <p>Need a lot of support!!</p>	<b>Signs for Billy's energy level</b>	<b>Self-regulation Plan/supports for Billy</b>
	<b>Struggling to participate</b> <ul style="list-style-type: none"> <li>▪ Unresponsive</li> <li>▪ Does not following prompts connected to routines</li> <li>▪ Pinching self</li> <li>▪ Runs away from group</li> <li>▪ Hyper, giggly, silly, high-pitched squeal</li> <li>▪ Arguing</li> <li>▪ Noncompliant</li> <li>▪ Rigid</li> <li>▪ Trying to get control of the situation</li> <li>▪ Throwing things</li> <li>▪ Anxious</li> </ul>	<b>Calming co-regulation support:</b> <ul style="list-style-type: none"> <li>▪ Calm tone of voice</li> <li>▪ Listen vs. talk</li> <li>▪ Focus on connection</li> <li>▪ Reduce stressors draining energy</li> <li>▪ Acknowledge emotions</li> <li>▪ Say there for support</li> <li>▪ Provide low energy options for expectations</li> <li>▪ Cuddles</li> </ul>

	<b>Signs for Billy's energy level</b>	<b>Self-regulation Plan/supports for Billy</b>
	<b>Very Challenging Behaviours</b> <ul style="list-style-type: none"> <li>▪ Physical aggression</li> <li>▪ Verbal aggression</li> <li>▪ Running away</li> <li>▪ Screaming</li> <li>▪ Hitting</li> <li>▪ Face turning red</li> <li>▪ Crying</li> </ul>	<b>Emphasizing cues of safety</b> <ul style="list-style-type: none"> <li>▪ Position body lower than his</li> <li>▪ Minimal talking</li> <li>▪ Let him know you are there with him/there to help him If needed</li> <li>▪ Give time and follow his lead for space or connection</li> <li>▪ Keep him safe</li> </ul>

## Optimize the Environment: Self-Assessment

- Is the classroom arranged to accommodate the needs of all students? Is the home environment organized in a way that supports structured activities and routines for your child?
- Are routines been established, explicitly taught, and made predictable to ensure a smooth flow of activities throughout the day?
- Are there three to five positive expectations outlined and prominently displayed? Have these been clearly defined and taught to children?
- Are prompts and active supervision used proactively to guide behaviour positively in anticipation of potential challenges?
- Is there a variety of opportunities for children to actively participate and engage at a high frequency, encouraging positive interactions and learning?
- Is specific praise and other positive reinforcement strategies regularly used to acknowledge and encourage the behaviours you wish to see more frequently?
- Are reminders consistently provided before a potential behavioural issue arises, to preemptively address and guide expected behaviour?
- Are responses to misbehaviours appropriate, consistent, and systematic, ensuring a clear understanding of consequences?
- Is there a system in place for collecting and analyzing behaviour-related data to inform strategies and interventions?

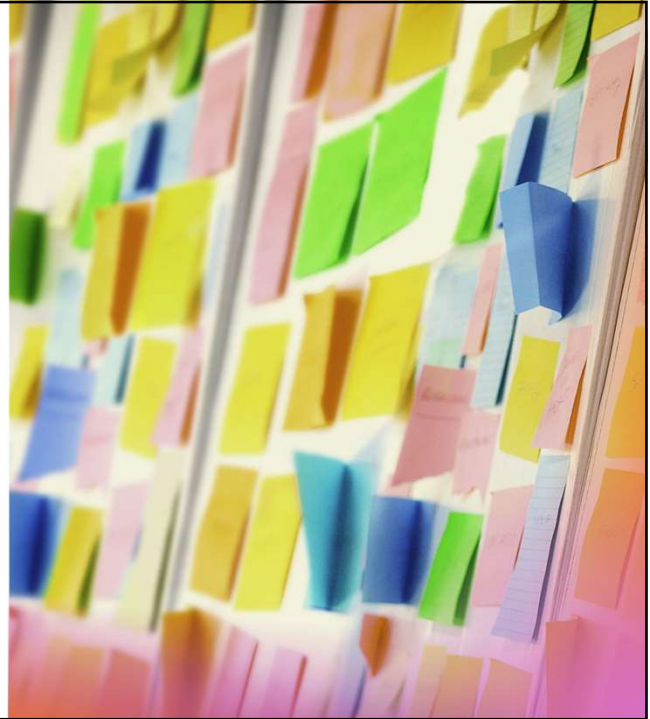
## Does the environment support student needs? Strategically Optimize Classroom Environment

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- Versatile and activity-centric learning environment
- Diverse instructional activities (e.g., small groups, whole-class lessons, and individual learning stations)
- Create a dynamic learning space that is activity-centric
- Enhance visibility and accessibility: Clear sightlines and easy access for both teacher-led and student-centered activities.
- Strategic Seating Arrangements to foster interaction and ease of movement.
  - Facilitate smooth transitions between activities.
- Ready-to-Use Materials
  - Keep instructional resources organized and within reach.

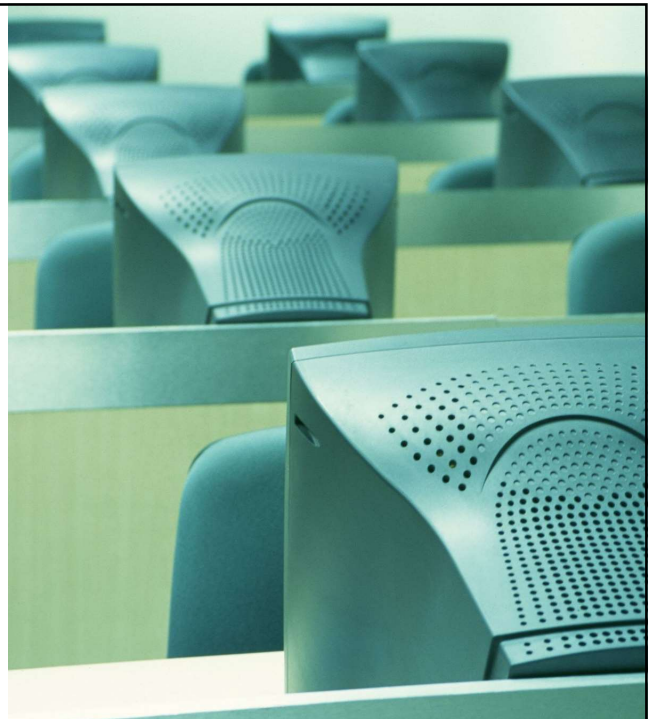
## Optimize Classroom Environment

- Visual aids
- Manage personal and instructional materials
  - Provide clear options for storing personal items
- Regularly assess the classroom setup to ensure that all students are visible and engaged, adjusting seating as necessary to promote inclusivity.



## Consider

- Avoid blind spots where students or sections of the room are out of the teacher's sightline.
- Mitigate congestion and design clear pathways
- Ensure furniture is appropriately sized and arranged to support the physical comfort and engagement of all students.



## Optimal Home Environment

- Create defined spaces and ensure to personalize them!
  - Designate specific areas for various activities, such as homework, play, and relaxation.
  - Tailor the study and play spaces to their preferences and needs, incorporating their input to increase their comfort and sense of ownership over their space.
  - Provide a quiet, comfortable spot for downtime or when feeling overwhelmed.
- Foster independence with organized choices
  - Arrange belongings and toys in a way that allows the child to make choices independently, within set boundaries to foster autonomy while maintaining a structured environment.



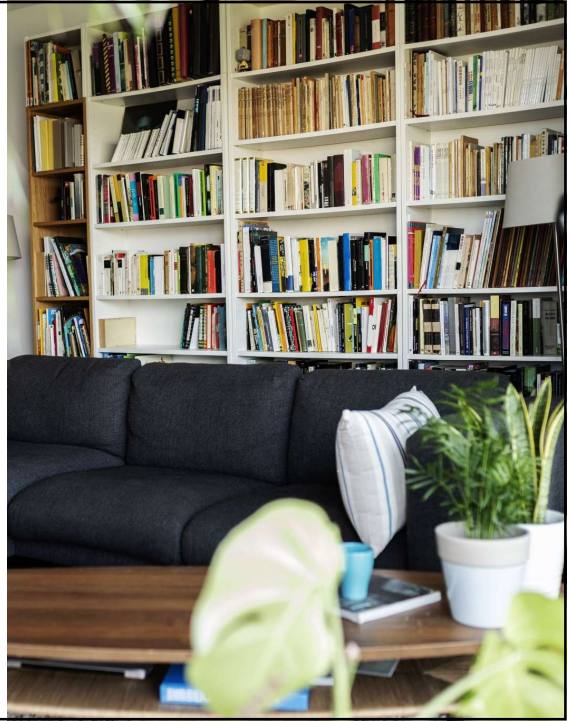
## Optimal Home Environment

- Visual schedules and rules
  - Visuals for daily routines and expectations.
  - Display clear, simple rules in a visible area to reinforce expectations and boundaries consistently.
- Ensure accessibility and organization
  - Organize essential materials in accessible, designated places to foster independence and responsibility.
  - Use labeled bins or shelves for toys and supplies to promote responsibility and ease in finding and returning items. Clear labeling and consistency in where items are stored can help reduce frustration and conflict.



## Optimal Home Environment

- Minimize high-stress areas
  - Identify and modify areas in the home where conflicts frequently occur, aiming to reduce triggers. This may involve rearranging spaces to avoid cramped conditions or creating clearer divisions between activity areas.
  - Keep the living space orderly and minimize clutter to reduce sensory overload and distractions, supporting calmness.
- Safety and adaptability
  - Regularly assess the home for safety, ensuring that furniture and home setups do not pose risks and are adaptable to the child's changing needs.



Are routines established, explicitly taught, and made predictable to ensure a smooth flow of activities throughout the day? *In the Classroom:*

### Elementary Examples

- Ensure activities follow a predictable sequence.
- Explicitly teach and practice routines for daily activities.
- Acknowledge and reward students who follow these routines and procedures – encourage collaboration!

### High School Examples

- Encourage students to manage their schedules and follow established routines with more autonomy.
- Implement structured routines for each class period, including a warm-up activity, review of previous lessons, introduction of new material, and a summary or wrap-up activity.

## Routines At Home

- Consistent and structured daily routine for wake-up times, meals, homework, play, and bedtime.
- Teach and practice home routines with your child. Clearly outline the steps involved in each task and practice them together.
- Acknowledge and reward your child when they follow these routines.
- Consider what is developmentally appropriate!
  - Younger children: Focus on simple, visual schedules.
  - Older children and adolescents: Have them create their schedules and manage their responsibilities. Discuss and collaborate routines together, such as homework times and household chores, ensuring they are realistic and mutually agreed upon.



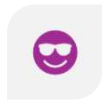
Consistent routines & lesson structure



Clear expectations



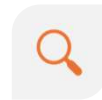
Posted timetables, rules, and expectations



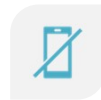
Things to look forward to through the day!



Shorter tasks, explicit, closed ended



One predictable detail at a time



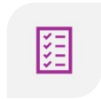
Minimize distractions



Talk less



Revisit and reinforce expectations



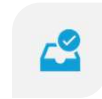
Structured tasks & teaching



Structure nonroutine or chaotic situations with a specific plan, job, or rules



Visual schedules and time organizers



Individualized checklists for task completion

## Helpful

- Engaging (interests)
- Immediate consequences
- Frequent feedback
- Personally important or relevant
- Early
- Supervised
- 1:1
- Structured
- Clear expectations and jobs
- Close to needed materials
- Quiet/low arousal
- Choices
- Consistent routines & lesson structure
- Clear expectations
- Posted timetables, rules, and expectations
- Things to look forward to through the day!
- Shorter tasks, explicit, closed ended
- One predictable detail at a time
- Minimize distractions
- Talk less
- Revisit and reinforce expectations
- Structured tasks & teaching
- Structure nonroutine or chaotic situations with a specific plan, job, or rules
- Visual schedules and time organizers
- Individualized checklists for task completion

## Not so helpful

Boring tasks

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Delayed consequences

---

Infrequent feedback

---

Low importance tasks

---

Late in the day

---

Unsupervised settings

---

Group situations

---

Unstructured activities

---

Uncertainty

---

Need to search for materials

---

Loud/high arousal environments

---

Excessive multitasking requirements

---

Overloaded sensory stimuli without a relevant educational focus

---

Sudden changes in schedule or expectations without preparation

---

Overemphasis on competition rather than cooperation

---

Poor relationships with peers

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Poor relationships with teachers

## 8 Forces of Motivation

<b>Gregariousness</b>	Need to belong	Group projects & collaborative learning Classroom circles
<b>Autonomy</b>	Need for independence	Choices Self-directed learning
<b>Inquisitiveness</b>	Need to know	Inquiry-based learning Research projects
<b>Aggression</b>	Need to assert	Debate & discussion Leadership roles
<b>Power</b>	Need for control	Class jobs Involve in creating rules & norms
<b>Recognition</b>	Need for acknowledgement	Praise and + feedback Showcase their work
<b>Affiliation</b>	Need to associate and belong	Clubs & extracurriculars Peer mentoring/buddies

Acknowledgement Examples	YES PLEASE	NO THANKS
Personalized compliments: "You did an excellent job showing great creativity and effort!"		
Encouraging words: "I'm really proud of how hard you worked!"		
Public acknowledgment in class: "Let's give a round of applause!"		
Thumbs up		
Smile or nod to show approval		
A positive note about my work		
Sticker		
A 'praise note' to take home		
Points that can be collected and exchanged for a privilege		

Acknowledgement Examples	YES PLEASE	NO THANKS
Being the class helper/leader		
Choosing an activity for the class		
Extra computer time or free time to do what I want in class		
Featuring my work		
Mention in the school newsletter or morning announcements		
A certificate of achievement		
Lunch with the teacher or special guest		
Opportunity to share a skill or interest with the class		
Peer recognition: classmates share something positive about them		

## Reward ideas

Homework pass	Pass from a class or task	Store (e.g., pencils or erasers)	Lunch with the teacher	Bring a friend from another class	Free time in class or extra recess
Choose a seat for the day	Positive call home	Keep class mascot	Front of line pass	Classroom coupons for privileges	Dance party
Treasure box	Movie	Bonus point	Talent show	Music choice	Late pass
Science experiment	Extra computer	Class leader	Teacher chair	Podcast	Scavenger hunt
Teacher dress up					

## Amygdala Henchmen Ideas

Catastrophizing Carl	Mindreading Mandy	Humiliating Hannah	Perfectionist Paula	Overestimating Oscar
				
Rigid Richard	Avoiding Alison	Permanent Pete	Fortune Telling Fran	Scarcity Sam
				
All-or-nothing Al	Grumpy McGrumperson	Self-critical Carla	Mindreading Mandy	Negative Ned
				

## Create Many Opportunities to Focus on Emotions & Work on it Every day!

Speak in front of a small group

Make small talk with someone new

Practice losing a game to someone who cheats

Use pictures, videos, or live encounters with feared bugs

Simulate test-taking conditions with practice exams or timed quizzes.

Role-play scenarios where express their concerns or assert themselves in a safe setting.

Create situations where they can safely express anger and practice coping strategies.

Tolerating not knowing what's happening today.

Engage in activities they've been avoiding due to emotional discomfort.

Experience and tolerate physical sensations like increased heart rate through exercises.

Watch sad video

Kindie running away with the soccer ball in the middle of a game