

## Positive & Preventive Supports for Students who are *Wired Differently*

*Wired Differently: Thinking, feeling, and responding to experiences in a manner that is different from most people*

Morning session: Acting-in Disorders

*that cause significant internal distress, sometimes to the point of disrupting others*

*Mike Paget*

Behavior

S Emotions/Feelings

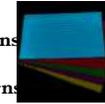
Relationships/  
friendships

Add ideas to your plan during the session. Periodically this slide will remind you to be adding supports that may help your student.

Front side of index card

Back of card: Supports, strategies, accommodations

- (anonymous way to ID)
- Emotional patterns
- Behavioral patterns
- Social patterns
- Possible contributing factors
- Tier 1 supports
- Tier 2 supports
- Tier 3 supports



## MENTAL WELLNESS

- The student achieves developmental & emotional milestones,
- has a healthy understanding of their abilities,
- can cope with the stresses of school & personal life, &
- is able to contribute to the school community.

Emotional, behavioral, & mental health problems disrupt a student's mood, thoughts, or behavior. When a student is struggling, it is harder to learn.

### What are some influences on student mental wellness?



- MH "roots" - Genetics, temperament, neurochemistry, neurotypical vs neuroatypical differences
  - 20% + 19% = 39%
- Family
- Life, experiences, trauma
  - 25%/43%
  - **100%: Covid 19**
- Social media
- Pressure in schools
- Learning challenges: 13%
- Poverty: 21% + 43%

### The impact of emotional, behavioral, & mental wellness challenges in schools



- The lowest grade point averages
- Absenteeism, suspensions, disruptions
- Dropouts: 50% after age 14
- 64.6% graduation rate vs. 84.6% national average 2019 U.S. News
- Unemployment: 50% +
- Difficulty making and keeping friends
- Discipline problems
- Legal issues
  - 70% in JJ have a MH issue NAMI 2018
- Suicide



Critical insights for working with students who are "Wired Differently"

- **Why Traditional Practices Often Fail**
- **Essential and effective supports**



## Punishment



- All students need clear expectations
- Consequences help some students learn to make better decisions
- Quick results for many students
- Cheap
- Some students don't know how to behave appropriately; punishment doesn't teach skills
- An adult in a "fight or flight" mode might over-rely on punishment
- It takes effort and patience to "think out of the box" for the most challenging students

## Other reasons traditional practices often fail



- Our desire to "nip it in the bud" often escalates the situation!
- Reaction vs. prevention
- Student & staff negative expectations, stress & frustration
- Confusion: many students respond to reactive punishment
- Overuse of suspension



- Awareness and insight
- School wide positive & preventive practices
- Debriefings: minimize ineffective/maximize effective
- Teamwork: school + family + student + mental health
- Medications
- Counseling/therapy

## Essential & Effective Supports

## The most essential and effective support: **RELATIONSHIPS** with Caring Adults



***"Every child needs at least one adult who is irrationally crazy about him or her."***

Urie Bronfenbrenner

## The "2 X 10" Approach to Building Connections & Relationships

- Have a **2 minute conversation** with the student about anything – sports, TV, jokes, video games – whatever they might talk about
- Do this **10 days in a row**
- **BONUS: Parent call**



**Connect honestly & compassionately with students who have mental wellness challenges**

- **One-on-one compassionate conversations** can be profound.
- **Acknowledge the student's invisible efforts. Feeling seen & understood can be transformative.**
- Ask:
  - what they **enjoy**
  - what they're **good at**
  - what helps them **feel relaxed** and **focused**
- **“...the quiet magic of radical empathy...”**



**Support the student in experimenting with ideas to improve focus, attention, confidence, mood**

- Preferential seating
- Noise-cancelling headphones; a quiet corner
- Posted daily schedule, class agenda, weekly planners
- Extended time on assessments
- Break large assignments into smaller chunks
- Offer instructions in multiple formats (such as oral, written, and digital)
- Small, achievable goals for long-term projects
- Chew gum
- Fidgets
- Tutoring
- Peer help



**Practice smiling**

- Every morning spend a few minutes looking at yourself in a mirror.
- Practice saying: “Good morning students, I’m so glad to see you!” Then smile.
- Do this at your school/in your virtual meetings with your students.
- Do this ten days in a row and see how things change.



**#1 Owing who you are**

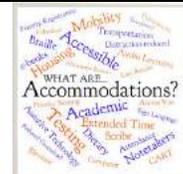
- **About me:** Learning about your temperament, your personality, your unique cognitive & emotional needs
- **Monitoring:** your early warning signs: “feelings”
- **Relaxation training:** Calming skills to manage arousal
- **Cognitive retraining:** Replacing negative thoughts with more positive and constructive thoughts
- **Assertiveness training:** Teaching skills to get needs met, including handling teasing or bullying
- **Behavior training:** Problem solving/conflict solving, social, relationship, communication, and behavior skills

**#2 Use strategies that minimize failure & provide accommodations to increase success**

**Strategies:** Ways of interacting that create safety & trust

**Accommodations:** supports, services, & adjustments for avoiding failure & finding success

Today's discussion will include over 100 strategies & accommodations.



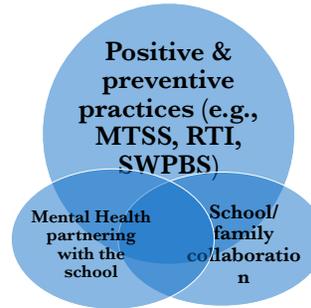
**#3 TEACHING BEHAVIOR a logical and effective approach**

- **Teaching**
- **Re-teaching**
- **Cuing**
- **Pre-correcting**
- Thinking of a student as **behaving badly** causes you to think of punishment.
- Thinking of a student as **not knowing how to behave appropriately** encourages you to **calmly and directly teach behavior.**

#### #4 Creating a “stigma free zone” for all students

- Adults model respect & empathy: respond to inappropriate remarks, language, or misguided humor.
- Use non-judgmental language: “Neuro-typical vs. Neuro-atypical”
- Teach “Brain Health” Dr. Eric Chudler
  - NEUROSCIENCE FOR KIDS NEWSLETTER
  - [chudler@u.washington.edu](mailto:chudler@u.washington.edu)
- Student input on respectful & inclusive school climate
- Provide information about mental wellness to students and parents

#### #5 A positive & Welcoming Climate



#### SWPBS: School Wide Positive Behavior Supports



A PROCESS of creating a school wide climate/behavior support system based on:

- ✓ Teach all students expected behaviors
- ✓ Provide substantially more POSITIVE feedback than negative
- ✓ Adults get better at prevention, staying calm, & changing the tone from negative to positive

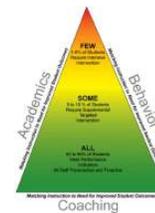
#### Primary Prevention: Tier 1 “All for All”

- For ALL students by ALL staff
- Teach behavior to all students
  - Rules, procedures, routines
  - Consistency, predictability
- Proactive vs. reactive
- “Catch” students behaving appropriately – specific praise



#### Secondary/targeted prevention: Tier 2

- All Tier 1 supports continue
- For SOME students (5 – 10%; those with 2-5 office referrals per year, or identified with school wide screening tools)
- For small groups or individual supports
- Functional Behavioral Assessments: *Avoid something unpleasant/Get something desired*
- Accommodations
- Examples:
  - Check-in/check-out
  - Social Skills Club



#### Tertiary/targeted prevention: Tier 3

- All Tier 1 and 2 supports continue
- Usually for 1 – 8 % of students
- Highly individualized
- Daily monitoring & data collection
- Daily DEBRIEFING to improve strategies & accommodations
- Close communication/collaboration with family
- Often includes additional skilled professionals, e.g., mental health staff



## Key SWPBS components

- **Teach all routines** – rules, expectations, transition
- Identify your school's “**school wide expectations**”
  - Determine **teachable behaviors** that exemplify expectations
- Establish **attention getting cue** that is easy, calm, & consistently used
- More + to – teacher/student interactions: **5:1**
- **Active supervision** – proxemic support, 1:1 hurdle support, eye contact, private non-verbal cues
- **Respond to minor behavior problems** quickly, quietly, calmly; re-teach expectations; disengage
- Use **data** to make decisions



School wide expectation	classroom	Hallway	Office	Cafeteria
Respect yourself	Complete and turn in assignments	Get where assigned	Report to right person	Use table manners
Respect others	Use an inside voice	Keep to right, hands to self	Sit or wait where assigned	Clean your area
Respect property	Keep workspace neat & clean	Keep hallway clean	Return materials, e.g., pens	Keep table and cafeteria clean

## School Leadership Team

### Who?

- Gen-ed & Sped Teachers
- Administrator
- Counselor
- Parent
- Student (esp. HS)

### What do they do?

- Attend training, share the training with all staff
- Regularly review school data
- Get input from stakeholders
- Routinely analyze data for trends
- Maintain the discussion on PBIS
- *Continuous focus on quality implementation*



## Tier 1 Supports:

*For All Students, by All Staff*



All students benefit by:  
Teaching behavior, including routines

Consistent expectations from all staff

Inclusive climate

Eliminating stigma

Positive Behavior Supports at the Classroom Level  
Developed by Susan Barrett/Maryland PBIS Project  
References: Wong & Wong; Coleman & Lazar  
Revised by Mike Paget



A Tier 1 foundation for all students.

**8 Elements of Successful Classroom Management**

## #1 Teach classroom rules and expectations

Teach	Teach directly and actively
Practice	Practice what you teach
Practice	Practice the rules where they apply
Do not assume	Do not assume that hearing it is enough!
Give	Give lots of positive feedback

## #2 Teach transition behavior

up to 45% of the day is in transition

- Teach “signals” that all students will understand:
  - To get attention/say “stop”/say “start”
- Teach the routine: what do you do when?
- Pre-correction for students who are challenged with stopping/starting/changing
- Monitor continuously – scan, move about
- Positively reinforce what is done correctly
- Practice transition behaviors in the natural contexts (class, playground, cafeteria, etc.)

## #3 Teach classroom routines directly

Practice where you use the behavior, pre-correct/prompt those who need it, positively reinforce correct behaviors, model

- Turning in homework the right way
- Lining up
- How to get teacher attention
- When to sharpen pencils, use the bathroom, put trash away
- What to do when finished early
- When is it ok to talk
- How do you wait for the bus
- Taking things home to sign and return

## #4 Establish an attention-getting cue/rule for the entire school

- Teach it on the first day of school
- EVERY teacher uses it!
- Pick a cue that can be used in all settings:
  - Example: hand up/fingers straight/slowly close the fingers into a fist
- You may need both visual & auditory combinations
- Remind all staff to use the same agreed upon cue consistently
- Positively reinforce when students respond



## #5 Pre-correct for CHRONIC problem behaviors

Cue/remind	Pre-correct: Cue/remind/redirect before the undesired behavior occurs
Give	Give lots of “mini lessons” to remind/re-teach the desired behavior
Watch	Watch for demonstration and reward
Experience	All students must experience success!

## #6 More Positive to Negative teacher to student interactions

- Smiles
- Positive adult-student interactions: “What did you do last night?”
- Very difficult: At least a 5:1 ratio of positive remarks/interactions to every negative remark/interaction
- The “**Matching Law**” says that reinforcement determines behavior.
  - If negative behavior gets a response every 3 times, vs. positive behavior which gets a response every 15 times, then negative behavior will probably happen 5 times more often than positive

Smiles, J. & Stoolmiller, M. (2002). Reinforcement and coercive mechanisms in the development of antisocial behavior. The family. In J. Reid, G. Patterson, & J. Snyder (Eds.), *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention* (pp. 65–100). Washington, D.C.: American Psychological Association.

## #7 Actively supervise at all times!

- Proxemic support: move around the room continuously
- Use lots of eye contact
- Touch shoulders as you pass by
- Use lots of the opportunities to make positive comments/reinforce



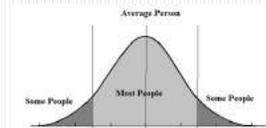
## #8 Manage minor (low intensity/frequency) behaviors positively & quickly



- **Do not hammer** a student for minor behavior violations in hopes that it will prevent more intense behaviors (research shows otherwise!)
- **PRIVATELY** follow through on rules violations
- Demonstrate the behavior
- Continue the lesson but move in closer (caution: moving in too close when a student is anxious may escalate things)
- Look at the student and tell her/him "remember"
- Point out the mistake
- Have the student state and demonstrate the correct response
- Disengage quickly, early, and decisively

Implementation:	LOW	HIGH			
Teach classroom rules & expectations	1	2	3	4	5
Teach transition behaviors	1	2	3	4	5
Teach classroom routines directly	1	2	3	4	5
Establish an attention getting cue for the school	1	2	3	4	5
Pre-correct chronic problem behaviors	1	2	3	4	5
More positive to negative teacher to student interactions	1	2	3	4	5
Actively supervise at all times	1	2	3	4	5
Manage minor behaviors positively and quickly	1	2	3	4	5

## 5 lifestyle choices that impact mental wellness



## Exercise benefits ADHD, anxiety, mood disorders, trauma, stress

- Aerobic exercise changes neurochemistry
  - Endorphins: hormone-like compounds that regulate mood, pleasure, and pain
  - Dopamine, norepinephrine, serotonin levels, brain chemicals that affect focus, attention & alertness
- "Spark: The Revolutionary New Science of Exercise and the Brain;" Dr. John Ratey, 2008
- Aerobic exercise counters depression and lowers stress by reducing adrenaline & cortisol, the stress hormones
- Harvard Medical School blog
- How much exercise?
- **30 minutes of exercise of moderate intensity such as walking for 4 days a week** gives mental health benefits, even when split into ten-minute segments
- **30-45 minutes five days a week of getting your heart rate up** gives **significant** mental & physical benefits



## Get 8 – 10 hours of **SLEEP**



- Consistent bedtime routine
- **Circadian rhythms:** Turn off electronics at least 30 minutes before sleep
  - *Electronics emit a particular type of blue light that is capable of triggering the brain to stop making melatonin, the sleep-inducing hormone.*
- 5-6 hour gap from last exercise to bedtime
- Your last meal should be at least 3 hours before bedtime (caution: late night snacks)
- Avoid caffeine and alcohol

## Nutrition

impacts mental wellness

Harvard Medical School: "Nutritional Psychiatry: Your Brain on Food"

**Less of these**

- Refined sugars
- Processed & refined foods
- Dairy products
- Processed grains



**More of these**

- Less processed & refined foods
- Vegetables
- Fruits
- Unprocessed grains
- Tree nuts
- Fish & seafood
- Probiotics
- Fermented foods: kimchi, miso, sauerkraut, pickles, kombucha



## Limit electronic screen time

Reset Your Child's Brain, by Dr. Victoria Dunckley, MD



- Electronic screens are hyper-stimulating, shifting the nervous system into high arousal, hyperfocus, & fight-or-flight mode
    - This contributes to emotional dysregulation, mood swings, concentration problems, addictive interest in interactive & passive screen time
  - Avoid excessive video games...max 30-45 minutes a day
  - A maximum of 2 hours daily of TV
- The American Academy of Pediatrics*

## 2 hours a week in NATURE

June 13, 2019 *Scientific Reports* volume 9, Article number: 7730 (2019)

- GETTING TO NATURE:
  - neighborhood park, hiking in the woods, walking by a lake or river
- THE BENEFITS:
  - lower stress levels
  - decreased blood pressure
  - mental health boost
- Doctors are prescribing time in nature to improve health
  - **10 – 30 minutes daily**



## Tier 1 Social & Emotional Learning



- All adults model pro-social behaviors
- TEACH social skills – some students need help “filling in the gaps”
- 5 steps:
  - name, show, practice, use, feedback
- Participation in desired clubs & activities helps students value social skills
- School/class wide SEL
  - Ex.: “50 Activities for Teaching Emotional Intelligence.” 3 levels are available – elem., middle, & HS



### Creative example: SEL integrated into classroom routine



- Thanks to TX teacher Jessie Cayton for this idea!
- HOW AM I DOING? CHECK-IN
  - Class wide & quick
  - Students write their name on a sticky note and place it on the row that best describes how they're feeling right now
  - “I'm great”; “I'm OK”; “I'm meh”; “I'm having a tough time & wouldn't mind a check-in”; “I'm not doing great”
  - Students learn emotional awareness & expression
  - Teacher gets a heads-up

Visual Schedules

Our next 50 Day is...

We embrace our responsibility to be an active participant in our community. We are committed to fighting hunger, supporting the environment, and opposing local and high school events.

Compost Recycle Landfill

Visual Schedule

- Circle Time
- Centers
- Snack
- Recycled Aloud
- Small Group
- Classroom

WEDNESDAY 2/1	THURSDAY 2/2	FRIDAY 2/3	SAUNDAY 2/4	MONDAY 2/5	TUESDAY 2/7	WEDNESDAY 2/8	THURSDAY 2/9	FRIDAY 2/10
WISH WEEK KICK OFF EVENTS			SPORT DAYS			WISH EVENTS		
No first of the first! 4:30 - 7:45 a.m. Buy your Name Tag and Wish Card	ALL LUNCHES Buy your Name Tag and wish card	ALL LUNCHES Buy your Name Tag and wish card	Student's Doubled Bill 1:00 - 1:15 pm \$25 with Campus Card \$25 without Campus Card \$40 on the hour	LUNCH ACTIVITIES Mean's Magical Musical Cruise Buy your wish card	Previews 'Tup in the theatre Buy \$100 tickets at 7:00 pm \$100 on the hour	Books and Bookout Buy \$100 tickets at 7:00 pm	Let's Go to the Zoo Buy \$100 tickets at 7:00 pm	Pay \$100 tickets at 7:00 pm

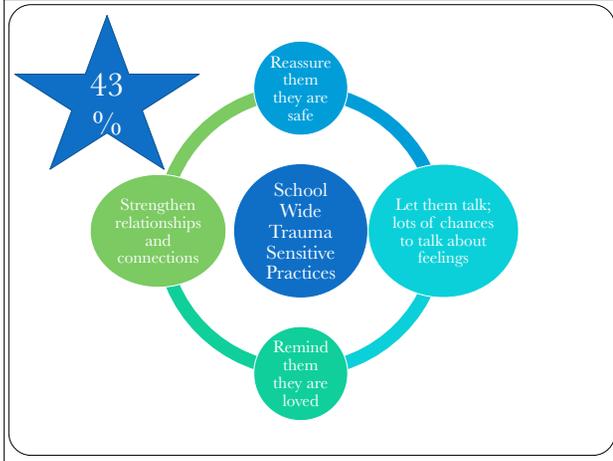
Use literature to reduce stigma, raise understanding & increase empathy

The Children's Story Project

ADHD, anger, anxiety, trauma, Aspergers, bipolar, bullying, grief & loss, learning disabilities, obsessive compulsive disorder

A free *bibliotherapy* guide to help students understand themselves and others through stories

[mcpaget@gmail.com](mailto:mcpaget@gmail.com)



## Tier 2 Supports

For a few students - 5-10%  
Individual and small groups



**Challenges for different diagnoses are sometimes unique, but often are shared by other diagnoses.**

**Supports are cumulative, & are not exclusive to any mental wellness issue**

## Acting-in Disorders

*Disorders that cause significant internal distress, sometimes to the point of disrupting others*

**Anxiety**

**Mood Disorders**

**Asperger's Syndrome**

## Anxiety Disorders

*The #1 mental health disorder: 13% of all youth (NIMH)*

- Difficulty engaging academically & socially due to mental & physical distress from fear & worry
- **NORMAL:** A survival instinct that helps mobilize in response to danger or threat.
- **BEYOND NORMAL:** Always present, draining you, distracting you; not in response to a real danger or threat.
- 31.9% of adolescents; 8.3% severe
- 38% females vs. 26.1% males

Where do anxiety conditions come from?



- There is survival value for humanity in **CAUTION, APPREHENSION, GUARDEDNESS, RELUCTANCE, HESITATION...**
- Some are **naturally** more cautious, apprehensive, guarded
- On a scale from 0 to 1, where 1 = total genetic causality, the influence of genetics is about .5
- **Created or Amplified** by scary events, trauma

Separation anxiety

**What is it?**

- Being very afraid when away from parents or other caregivers
- 3-5% seem to fixate on the worry and apprehension, carrying it into their futures



**In the classroom**

- Crying, clinging, tantrums
- Distraction from instruction
- Somatic complaints
- Frequent requests to visit the nurse or office
- Frequent requests to go to or call home

## Selective mutism

### What is it?

- Reluctance or refusal to speak in selected settings.
- No physical difficulties with language or talking.
- May use friends to speak for him or her
- May whisper or speak abnormally low

### In the classroom

- Doesn't participate fully in instructional activities
- Minimally responsive to adults
- Doesn't interact comfortably with peers



## SPECIFIC PHOBIAS

A persistent, excessive, & unreasonable fear about a specific thing or situation:

- **Animals:** insects, snakes, dogs;
- **Natural environments:** storms, darkness, heights;
- **Situational:** enclosed spaces, elevators, flying;
- **Blood-injection-injuries:** seeing blood, receiving injections

In the classroom:

- Difficulty sitting near a window, or in an area that feels confining
- Missing out or difficulty enjoying special events, e.g., a field trip to a cave, or a zoo
- Extreme distraction during weather events
- Intense worry when a classmate has a small injury

**Social Phobia**  
12% - the most common anxiety condition



- Being very afraid of places where there are people
- An intense fear of negative responses from others
- Social reluctance, withdrawal, avoidance, poor eye contact
- Fears of saying the wrong thing or being laughed at by others
- Difficulty answering questions, responding

## Generalized Anxiety

A broad and constant worry about everything



- Attempting to calm your anxiety by being perfect with your products or performance
- Being very worried about the future or bad things happening
- Intense and out-of-proportion reactions
- Trouble relaxing, frequent irritability; difficulty sleeping

## Tier 2 supports & interventions for students who experience anxiety

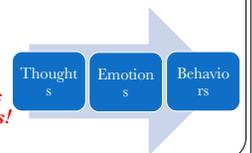
For a few students

5-10%

Individual and small groups

The inner narrator voice of students with mental wellness challenges often is negative and irrational: **Cogniti**

- "I'm so ugly"
- "Why did I say that??? That was so dumb!"
- "Nobody likes me, I don't have any friends"
- "I'm so stupid, I can't do anything right!"
- "Everyone always laughs at me!"
- "I know you were talking about me!"
- "You did that on purpose!"
- **These negative & irrational thoughts can dominate, discourage, & depress!**



## Cognitive Behavioral Therapy (CBT)

30-minute sessions for 12 to 20 weeks

Coaching students to think more positively & constructively; teaching students to change their self-talk; encouraging students to practice saying, “No. Stop & Change that thought.”



## Tier 2 Classroom friendly CBT

- Rational Emotive Therapy  
Dr. Jerry Wilde’s “Hot Stuff to Help Kids”

Worry Less: The Anxiety Management Book

Chill Out: The Anger Management Book

Chill Out: The Anger and Stress Management Book

Cheer Up: The Depression and Self-Esteem Workbook”



Students who are very shy, reluctant to participate, or afraid of being embarrassed



- Watch for **comfortable peer relationships**, pair the students
- Class-wide Peer Tutoring:** pairs of students take turns in the roles of tutor and student. The entire class participates.
- Encourage the student to **be an observer:** watch others to “see” how to participate

Value effort vs. perfection



- Do not use a perfect paper as an example
- Reduce worry over writing quality by using a computer
- Cue the student well before transitions; allow completion of an activity without undue pressure for the next
- Be careful not to reinforce “perfect” work

## Tier 1 and 2 Classroom accommodations for common classroom manifestations of anxiety



What you might see

- Frequent erasing, starting over
- Refusing to get started
- Worry about a test
- Resisting participating in discussions or interactions

How to respond

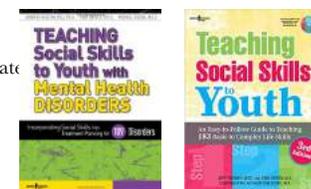
- Small grades, extra credit options
- Incorporate interests/expertise
- Avoid “random calling on”
- During proxemic support, add 1:1 hurdle encouragement - the “zig zag” walk

## Social Skills Appropriate for Students with Anxiety Disorders

“Teaching Social Skills to Youth with Mental Health Disorders”  
Incorporating 109 social skills into treatment planning

“Teaching Social Skills to Youth”  
Lesson plans for 183 social skills  
(both books are from Boy’s Town Press)

- Talking with others
- Trying new tasks
- Asking for help
- Expressing feelings appropriately
- Making positive statements
- Optimism
- Using relaxation strategies



When a student says, "I don't feel well"... "I have a stomachache"... "Don't call on me"... "Don't make me, I don't want to!"

Reassurance & logic don't always help

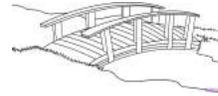
- "It's going to be OK, just relax."
- "There's nothing to be scared of."
- "I don't understand why you're so worried."

**Acknowledge. Inform.**

- "I can see that you're scared."
- Comment, "Feelings are always real, but they're not always facts."
- Use "reframing" to shift from negative traits to seeing assets in their personality.

## Tier 2: Students who don't communicate comfortably, including selective mutism *Building the Communication Bridge*

- A variety of "lanes" crossing the bridge
- Written notes
- Gestures
- Non-verbals
- Low verbals through a friend
- Low verbals to others
- Moderate verbals
- **Accept & nurture all lanes crossing the bridge!**



Tier 2

Mentoring relationships with students:  
Check In/Out & Connect

### • CHECK IN/CHECK OUT

- "Checking in" early in the day
- "Checking out" at the end of the day
- Maybe CICO several times each day



### • CHECK & CONNECT

- For some situations, developing a mentor level relationship for the student & family
- Expectation of "sticking with you" for at least a couple of years
- Regular "checks" using school data
- Timely & individualized problem-solving as needed
- Trusting connection with families

Tier 1: available to all  
Tier 2: recommended for some  
Relaxation for **Balance & Focus**

### Fight or Flight

- Stress: fight/flight
- Adrenaline & cortisol flow
- Logic & focus: diminished
- Reacting, not responding
- Chronic stress: high blood pressure, increased heart rate, muscle tension

**Relaxation response:** Health protecting;  
Improved ability to plan & respond; More focused thinking

- Deep breathing: 6/3/6
  - Intentional breathing increases oxygen to the brain, lowering cortisol
  - In through the nose, out through the mouth
  - *Inflate an inner balloon!*
- Bio feedback calming cards
- Engage your **...ite or draw**
- **Doodling**



Tier 1: available to all  
Tier 2: recommended for some

### fidgets



Fidget jewelry companies:  
*Stimtastic, Calming Kits, SpaceroBot Studio, Renascent Studios, LoveDawne*



## Tier 1 & 2 Mindfulness in schools



Research suggests that practicing mindfulness reduces **anxiety & depression** while increasing **attention & emotional regulation**.

*Teachers who wish to teach mindfulness must first become proficient at mindfulness practices for themselves.*

<https://www.mindfulschools.org/>

**Tier 1, 2, or 3?**  
**Emotional support dogs**  
**calm, sooth, & connect:**  
 Positive effects on brain chemistry:

- **oxytocin** (bonding) & **dopamine** (happiness)

↑

- **Cortisol** (stress hormones)

↓

- **Psychiatric service dogs** assist with Anxiety, Depression, Bipolar Disorder, PTSD, Autism, Schizophrenia & more
- **Charlotte's Litter** – educators' guide
- [www.charlotteslitter.org](http://www.charlotteslitter.org)





**Call out the strengths**  
 students who have anxiety

- Compassionate, empathetic, sensitive
- Ability to forgive unconditionally
- Amazing emergency instincts
- Highly observant
- Strong work ethic
- Loyalty
- You “get” others with anxiety and/or mood issues
- Cautious and thoughtful



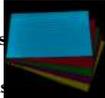
Add ideas to your plan throughout the day. Periodically this slide will remind you to be adding supports that may help your student.

**Front side of index card**

- (anonymous way to ID)
- Emotional patterns
- Behavioral patterns
- Social patterns
- Possible contributing factors

**Back of card: Supports, strategies, accommodations**

- Tier 1 supports
- Tier 2 supports
- Tier 3 supports



**Mood or Affective Disorders**

**13% children/youth** (52% increase from 2005–2017)  
*Journal of Abnormal Psychology, 128(3), 185–199. Twenge, J. M., Cooper, A. B., Joiner, T. E., Duffy, M. E., & Binau, S. G. (2019).*

**Often identified in late teen years/early adulthood**

**7% across the lifespan**

**1 in 5 girls** (March 14, 2019: *Journal of Abnormal Psychology*)  
Jean Twenge, Ph.D., professor, psychology, San Diego State Univ.; Shari Jeger-Emmen, Ph.D., Center for the Prevention of Suicide, department of psychiatry, Perelman School of Medicine, University of Pennsylvania, Philadelphia.

**Personalities & Diagnosing are Complicated**

- ADHD is the most common “starting point”
- The “diagnostic dance”
  - ADHD...Obsessive Compulsive Disorder...Anxiety Disorders...Asperger's...ODD...CD...Borderline Personality Disorder...
- No one has 100% of any list of diagnostic criteria
- Most of us have a bit of something, and if you have a diagnosis, you likely have bits of several things
- Avoid *diagnosing* when talking with the family; focus on social, emotional, & behavioral patterns which inhibit academic, social, and emotional success

**The most common mood disorders in children & youth**

- **Major depression**
  - Depressed or irritable mood, lasting at least two weeks
  - Intense sadness or hopelessness for long periods
  - Struggling to feel interested in activities or events
  - Difficulty paying attention or concentrating
  - Difficulty sleeping, or sleeping too much
- **Bipolar disorder.** Bouncing periods of intensely elevated mood and depressed mood; more rapid cycling than with adults
- **Disruptive mood dysregulation disorder.** Persistent irritability and extreme inability to control behavior. Constant “grouchiness”





## What causes mood disorders?

- **Environmental factors** Chronic stress: abuse, neglect, & trauma; illness; poverty
- **Psychological factors** Cognitive distortions; anxiety tendency; trauma & believing you have no control over life; ineffective/unhealthy coping strategies
- **Biological factors**
  - Several genes may play a role: 30-40% influence
  - “Epigenetics” - contributing genes get activated by life events
  - Hormones – regulate neurotransmitters
  - **Brain-Derived Neurotrophic Factor:** a type of protein that assists with neuron protection & growth. It impacts neuroplasticity, learning & memory, & the growth of new neurons. *This possible cause may explain why antidepressants work.*
  - Structural brain changes
  - Immune system & chronic inflammation

## Bi-polar indicators in children and youth (NIMH)



### Mania indicators

- Feeling very happy or acting silly in ways unusual for them and for other kids their age
- Having a very short temper
- Talking really fast about a lot of things
- Having trouble sleeping but not feeling tired
- Having trouble staying focused
- Doing risky things

### Depression indicators

- Feeling very sad
- Complaining a lot about stomachaches and headaches
- Sleeping too little or too much
- Feeling guilty and worthless
- Eating too little or too much
- Having little energy and no interest in fun activities
- Thinking about death or suicide

## Bi-polar indicators parents may see

- Difficulties in infancy
- Precocious, bright, and creative
- Severe separation anxiety
- Night terrors, Fears of death
- Raging, tantrums; oppositional behaviors at home
- Sensitivity to stimuli
- Inflexible
- Peer problems, including bullying



## Tier 2 supports & interventions for students who experience mood disorders

### For a few students

5-10%

### Individual and small groups

## Counseling Psychotherapy

talk therapy

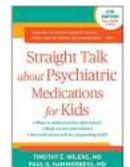


- **Cognitive behavioral therapy:** learn to change harmful or negative thought patterns and behaviors
- **Family-focused therapy:** family coping strategies
- *For severe mood disorders, medications may be considered in addition to therapy.*

## Medications



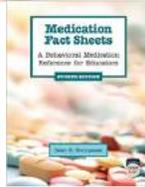
- 14% of students with a diagnosis use medications
  - ADHD: 30% Mood disorders: 21%
- Compliance and acceptance are issues
- Increase your knowledge to better talk with parents & students
  - “Straight Talk about Psychiatric Medications for Kids”; Wilens, 2016 (4th edition)
- Family + **student** + **doctor** + school = team
- *A positive attitude to taking the medication is essential*



## Make allowances for side effects of medications



- Educate yourself on the effects of medications
  - “Medication Fact Sheets: A Behavioral Medication Reference for Educators”, Konopasek, 2017 (6<sup>th</sup> edition)
- Work closely with the student, family, and doctor
- **Thirst:** personal water bottle, water breaks, bathroom breaks, educate staff
- **Sleeping:** Provide a brief napping place
- **Cognitive dulling:** breaks, extra time, decrease workload (including homework)



## Peer relationship problems: *bossiness, conflicts, misperceptions, over-reactions*



- **Interpersonal therapy:** short-term treatment based on the idea that depression affects relationships & relationships affect mood. Usually 12-16 sessions. Focuses on relationship & problem-solving skill building.
- **Peer support**
- **Social skills training**
- **Opportunities for successful leadership**

## Early arousal problems

- Nothing too intense for the first period or two
- Take important tests later in the
- Consider a later starting time



## Mood fluctuations



- Identify a “safe” adult to go to
- Identify a “calm-down” place
- Have an “escape plan”, e.g. “therapeutic bouncing”
- Identify mood triggers, work on coping skills
- “Personal Weather Journal” to gain insights
- For serious mood issues, have a backup plan, e.g., intermittent medical homebound



## Getting overheated or over-stimulated, socially or physically in PE or sports



- **Access to water & breaks**
- **Consider less competitive options**
- **Give a less physical role, e.g., score-keeper**

## Additional Accommodations

- Daily check-in communication between home and school
- **Reduced homework/extended deadlines**
- Tutoring to catch up from absences



## Social Skills Appropriate for Students with Mood Disorders

- Accepting criticism/compliments/consequences
- Coping with change
- Expressing feelings
- Anger management
- Goal-setting
- Managing stress
- Requesting help
- Time management
- Problem-solving
- Optimism
- Assessing own abilities



## Tier 3 supports & interventions for students who experience mood disorders



For a small number of students: 1-8%

- Trusting collaboration with the student's family
- Counseling: Cognitive Behavioral Therapy; Interpersonal Problem-solving therapy; family support/therapy
- Daily implementation & monitoring of team-developed prevention/intervention plan
- Crisis management plan in place
- **741741 - Free text support for any crisis moment, including feeling suicidal or depressed**

Text HOME to 741741 from anywhere in the US, anytime, about any type of crisis. A live, trained crisis listener receives the text and responds, all from a secure online platform. The volunteer crisis listener will help you move from a hot moment to a cool moment. Many students prefer texting to talking on the phone.

## See the strengths in students who have mood disorders

- Creativity
- Periods of emotional intensity
- High productivity
- Confidence
- Charming
- Euphoric energy
- Insightful
- Compassionate



## Angel

Early on Angel's mom knew that she was a strong-willed little girl, and that it was so easy for her to get upset and just have a total melt down. It was so upsetting and embarrassing.

How many times was dinner interrupted with Angel getting upset at the smallest things. Sometimes she just didn't like what was served for dinner, other times her chair just felt uncomfortable and she would scream and yell and run from the table, taking refuge outside. It was so difficult for her family. They loved Angel, and they so wanted her to be happy.

The counselor at school came to know Angel's family really well. In fact, the counselor had been the first person to really help Angel's family understand that they were not bad parents, and that Angel was not a bad little girl. It was hard for the family to deal with, but they eventually came to understand that Angel had special challenges with her feelings and behavior. In addition to being a smart, creative, and often energetic little girl, Angel had a medical problem called bipolar disorder.

The family knew how bright Angel was, but also how difficult it was for her to do well in school. Some days when she stepped off the bus as it dropped her off at the end of the day, she barely made it into the privacy of her home before she lost it...another meltdown... and, homework remained to be done.

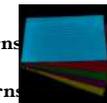
## Some of the problems at school for Angel include:

- She misinterprets what other students say or do; she takes things personally & negatively, often getting angry or trying to run from the room.
- Angel easily gets frustrated with academics, often yelling inappropriately, sometimes "shutting down."
- When something changes, like the time for lunch, or when a substitute teacher is there, Angel gets irritated & argumentative.
- Most days Angel has at least one "melt-down moment"
- Though she sometimes feels them coming on, Angel frequently has severe mood swings that push her to the edge.
- Angel has special difficulty in non-classroom settings, like the hallway and cafeteria.

Add ideas to your plan throughout the day. Periodically this slide will remind you to be adding supports that may help your student.

Front side of index card Back of card: Supports, strategies, accommodations

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## Asperger's Syndrome

At the **HIGH** end on the Autism Spectrum (DSM 5)



A neurodevelopmental “spectrum” disorder; characteristics exist on a continuum from mild to severe

Struggles with social interaction, verbal/nonverbal communication, sensory processing, and restricted or repetitive behaviors

Symptoms from early childhood which become more problematic with school expectations

1:54 students (Center for Disease Control 2020)

## Communication challenges



- Making statements that are inappropriate, rude, or off-putting
- Difficulty getting into or out of conversations
- The “little professor syndrome” – lecturing
  - Persistent, restricted, & intense interests that bore & annoy others; absence of sharing enjoyment, interests, or achievements with others
  - Poor at “social reciprocity”

## Communication Confusion



- Non-verbal language
- Concrete/literal language
- Figures of speech
- Metaphor, simile, exaggeration, humor

## Delayed development of relationships

- *Early: little or no apparent desire to interact with peers*
- *Later: depression, frustration, anger due to poor friendship skills*



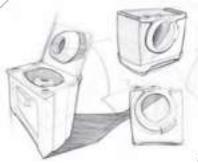
## Routines, Rules, & Other Challenges



- Needs consistency/predictability/rules
  - Inflexible, rigid; anxiety/stress when things change
- Transition trouble stopping/starting
- Physical issues
  - Repetitive, stereotyped motor movements
  - Discomfort with gross/fine motor activities
  - “Sports are stupid!” “I hate writing!”
- Sensory issues
  - Sights, Sounds, Smells, Tastes, Touch, Balance, Body awareness
  - Over/under responsiveness



## Subtle Classroom Challenges



- Easily confused with complex assignments
- Trouble organizing auditory information
- Difficulty figuring out what is most important; preoccupation/distraction with parts/insignificant details
- Disorganization
- Stress due to perfectionism
- *Calming self with unique/quirky interests*

Tier 2 supports & interventions for students who experience Asperger's

For a few students

5-10%

Individual and small groups

Tier 2:

Avoiding Escalation with **Changes in Routines**

- Train students in routines, including specific steps for transitions
- Photo/word visual schedules
- Advance notice about changes in the routine (e.g., subject change, substitute teacher)



Tier 2:

Minimizing Stress with Instructional Activities

**Organizing and prioritizing**

- Highlight critical information, graphic organizers

**Completing assignments**

- Reduce writing requirements
- Allow alternatives – audio, video, keyboards
  - Alternatives to hand-writing often help with fine motor issues



**Attending during whole-class instruction**

- Teacher proximity
- Relate the material to special interests

**Antecedent based interventions**

- "priming" – preparing for upcoming activities by practicing them with the same materials, in a low stress situation



**SOCIAL STORIES WITH GRAPHICS & PHOTOS**

Following is a social story with photographs & graphics. The parents of an eighteen-year-old young man with Asperger's created it for a solo trip from Long Beach to Boston.

Students with Asperger's often get anxious & overwhelmed with verbal directives & instructions

**Get Your Boarding Pass and Check Your Luggage**  
*This is done at the airport*

- 1) Go to the Jet Blue Counter
- 2) Show them your flight information
- 3) Tell them how many pieces of luggage you are going to check. *This does not include what you are taking on the plane yourself – carry-on luggage – just what you are checking.*
  - They may ask you to take your luggage to another place for a car.
  - All the way down, put the luggage down and
  - Answer any questions they ask you, like "how this luggage fits in your view the whole time, or did you pack it yourself."
  - Then you leave your luggage there.
- 4) You will get:
  - your boarding pass.
  - this security tells you what gate and when the next announcement (the number in the row and the letter tells you which seat in the row)
  - a claim check

The Reservation Assistant will tell you the gate number. If they don't ask,

**Go Through Security**

- 1) Show your picture ID and boarding pass to the security person
- 2) Put your carry-on bags on the conveyor belt
- 3) Take off your shoes and put them in a tray
- 4) If you have change in your pocket, put that in a tray
- 5) Take off your belt (or before you go to the airport, put your belt in your backpack and put it on after you go through security)
- 6) Holding your Boarding Pass, go through the metal screener when the security person tells you to:
  - o if you have any metal on you they may ask you to empty your pockets
    - they may ask to wand you. This means you go to a separate area and they wave a handheld metal screener over you.
  - o After you go through the metal screener you can pick up your shoes, backpack and anything else in the tray.
  - o Sometimes they put a bag through the X-ray again or
  - o They want to look inside your carry-on bag.

Do not make any jokes or comments about dangers on planes or terrorists

Tier 2

Hypersensitivity : **Tasting, feeling, hearing, seeing IN IRRITATING EXTREMES!**

Common examples

Things that help

- Clothing tags
- Ticking clocks, pencil sharpeners
- Deodorant, perfume, cologne
- Flickering lights, fluorescent lights
- Claustrophobia, unwanted touch or contact
- Remove the tags
- Ask for sounds to be lowered
- Headphones
- Move to quieter area
- Calm music in the background
- Encourage scent-free products
- Establish a "limited scent" area
- Change the lighting
- Screens over fluorescent lights
- Acknowledge personal space needs
- Reframe the "hypersensitivity" as a "superpower"

## Over-sensitivity accommodations

- Dimmed lights
- Incandescent vs fluorescent lights
- Sunglasses or visor to block fluorescent lighting
- Opaque decals to mute fluorescent lighting
- Ear plugs or headphones
- Study carrels to block sights and sounds
- Avoidance of strongly scents (perfumes, air fresheners, soaps, etc.)
- Foods that are mildly seasoned, and not too cold or hot
- Clothing to accommodate sensitivities (seams, tags, non-scratchy fabric)
- Ask permission before touching



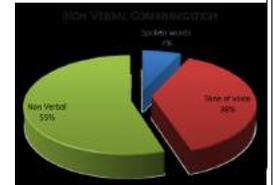
## Under-sensitivity accommodations

- Visual supports for difficulty processing spoken information
- Sensory-stimulating toys
- Opportunities for rocking & swinging
- Strong tasting and/or textured foods
- Firm touch if preferred
- Weighted blankets
- Catching, dancing, jumping, running activities to practice physical skills



## Typical Social Skills Important for Students with AS/HFA

- Early & continuous coaching/training on friendship skills
- Taking the perspective of another person
- Grooming
- How to enter/exit a conversation
- Managing feelings, including anxiety & stress
- Understanding non-verbal communication; learning metaphor, simile, non-literal verbals
  - 93% of the "message" is NON-VERBAL!



## Tier 3 supports & interventions for Students who experience Asperger's Syndrome

an individual plan: Student support team/504 plan/IEP development

*Intensive:* 1 – 8 % of students

Data collection & monitoring; daily debriefing to refine supports and strategies

Close & trusting communication with the family

**Engagement of autism specialists & occupational therapists**

## See the strengths in students who are high on the autism spectrum

- Observation, concentration, & memorization skills
- Exceptional artistic talents
- Attention to detail
- Ability to develop a high level of knowledge and expertise
- Ability to work for long periods on specific tasks without getting bored
- Honesty
- Directness
- Ability to make logical decisions
- Extremely loyal to friends
- Quirky sense of humor
- Systemizing, organizing, recognizing patterns



## Hiam Ginott

teacher, child psychologist, parent educator  
known for his thoughts about how to talk to children



Holocaust survivor, author of  
**Between Parent and Child**

***I Am The Decisive Element***

"I've come to a frightening conclusion that I am the decisive element in the classroom. It's my personal approach that creates the climate. It's my daily mood that makes the weather. As a teacher, I possess a tremendous power to make a child's life miserable or joyous...

115

"...I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or deescalated and a child humanized or dehumanized."

Thank you for your attention and for the **very important work you do** with our children and youth.

**Mike Paget**

[mcpaget@gmail.com](mailto:mcpaget@gmail.com)

<https://www.linkedin.com/in/mike-paget-31899451/>

<https://twitter.com/mcpagetmike>

