

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

## Anxiety, Depression, Asperger's Syndrome

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## MENTAL WELLNESS

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

# Influences on student mental wellness

- MH “roots” – 20% + 19% = 39%
- Genetics (*epigenetics: experiences activate*)
- Temperament: our *reaction nature*: “easy going”, “active”, “fearful”
- Neurodevelopmental disorders (brain functioning affecting behavior, memory or learning; e.g. dyslexia, ADHD, ASD)
- Family
- Trauma
  - 25% by age 4;                      22%: enough ACEs to impact school
  - **100%: Covid 19**
- Peer connection/rejection
- Learning challenges: 15%
- Poverty: 21% + 43%
- Nature + Nurture

## Effective practices for Students who Experience Mental Wellness Challenges

### Less Effective

- Punishment
- “Nipping it in the bud” often escalates the situation!
- Reaction vs. prevention
- Student & staff negative expectations, stress & frustration
- Confusion: many students appear to respond to reactive punishment

### More Effective

- **Awareness and insight**
- **Behavior change based on teaching behavior**
- **School wide positive & preventive practices**
- **Teamwork: school + family + student + mental health**
- **Relationships: Feeling that you belong and are part of the group; caring, dignity, fun**
- **Counseling/therapy**
- **Coaching**

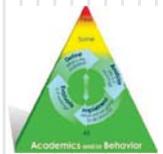


## 5 Keys to Positive Outcomes

1. The goal is for students to know who they are, to “own” their temperament & personality, and to be responsible for themselves.
2. Behavior Basics: Schools use *strategies* that minimize failure & provide *accommodations* to increase success. Schools teach new behaviors & provide more positive feedback than negative.
3. The most *Essential* support is a relationship with a caring adult.
4. Schools need to be “stigma-free.”
5. A positive and welcoming climate for students and their families, and other professionals.

SWPBS:

School Wide Positive Behavior Supports

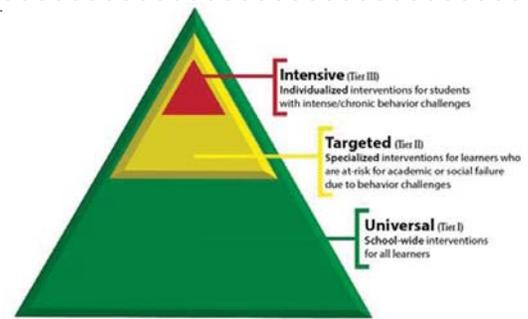


A PROCESS of creating a school wide climate/behavior support system based on:

- ✓ *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*

## Three “tiers” of support:

- Tier 1: Universal
- Tier 2: Targeted
- Tier 3: Intensive



**Tier 1: All students benefit significantly by having school/class wide positive & preventive structure.**

**Tier 2: A few students (5-10%) benefit by strategies & accommodations that address persistent concerns.**

**These practices are often implemented for individuals & small groups.**

**Tier 3: Usually less than 5% of students need this support. It's team driven, with daily implementation of specific supports.**

## Key SWPBS components



- **Teach all routines** – rules, expectations, transition
- Establish consistently used **attention getting cue**
- 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 Leadership Team:** gen-ed & sped teachers, admin, parent, counselor, student
  - Train, monitor/analyze data for trends, keep the discussion/training going
- Identify your school's “**school wide expectations**”
  - Determine **teachable behaviors** that exemplify expectations

## Sample of “behavior matrix” showing school wide expectations & teachable behaviors

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

### *Positive Behavior Supports in the classroom: 8 Elements of Successful Classroom Management*

**#1 Teach classroom rules and expectations**

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**Teach**

- Teach directly and actively

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**Practice**

- Practice what you teach

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**Practice**

- Practice the rules where they apply

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**Do not assume**

- Do not assume that hearing it is enough!

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**Give**

- Give lots of positive feedback.

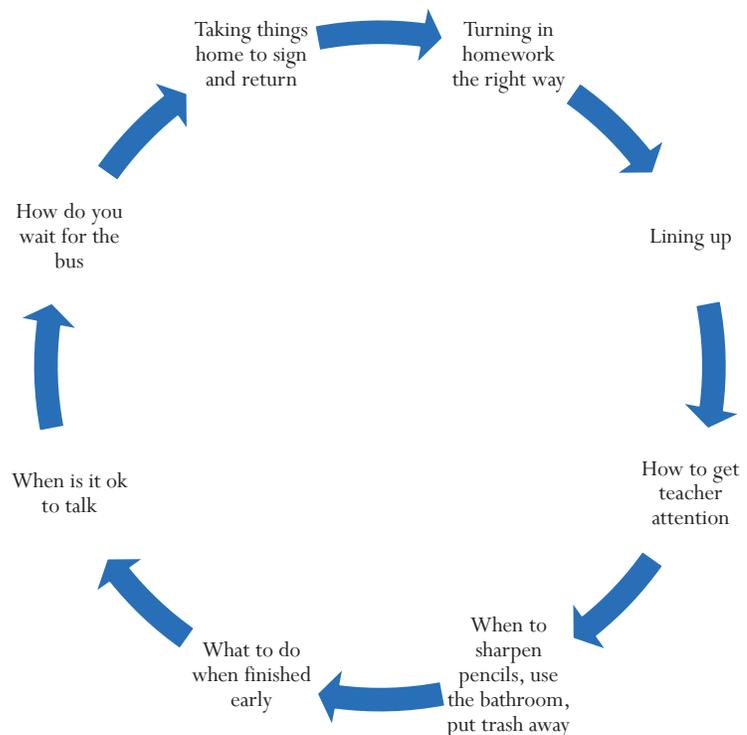
## #2 Teach transition behavior

*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*



## #4 Teach 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:
  - hand up/fingers straight/slowly close the fingers
- 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

Snyder, 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
- **TEACH** the behavior
- 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

# Anxiety, Depression, & Asperger's Common challenges Tier 2 Strategies/Accommodations



Diagnostic criteria for diagnoses are unique, but often are shared by other diagnoses.

**Comorbidity:** Approximately 25% of those with a diagnosis have a 2<sup>nd</sup> diagnosis. Anxiety and depression have a high rate of comorbidity.

Supports & accommodations are cumulative & are not exclusive to any mental wellness issue.

## Anxiety Disorders

*The #1 mental health disorder:*  
7.1% of children aged 3-17 (CDC)  
33% ages 13 - 18 (NIH)  
females 2X males

- **NORMAL:** A survival instinct to mobilize in response to danger or threat.
- **BEYOND NORMAL:** Always present, not in response to a real danger or threat.
- **ANXIETY DISORDERS:** hyperarousal of the central nervous system creating fear, worry, apprehension.
- **SCHOOL IMPACT:** difficulty engaging academically & socially; distracted, mind is on the past or future, not the present

## Where do anxiety conditions come from?

- There is survival value in **CAUTION, APPREHENSION, GUARDEDNESS, RELUCTANCE, HESITATION...**
- Some are **naturally** more cautious, apprehensive, guarded, ...
- Genetic causality: approximately 26%  
(*Insider Health, 4/21/2020*)
- **Created or Amplified by** scary events, trauma
- **Anxiety is “contagious”**: Growing up where others are fearful or anxious also can "teach" a child to be anxious
- ***Calm is also contagious...***

## Separation anxiety

### What is it?

**Being very afraid when away from parents or other caregivers**

### 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 an area that feels confining
- Difficulty enjoying 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 uncomfortable in places where there are lots of 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**

- homework, tests, making mistakes, recess, lunchtime, birthday parties, playtime with friends, riding the bus, war, weather, loved ones, safety, illness...
- Attempting to calm anxiety by being **perfect**
- **Worrying & ruminating about the future**
- **Trouble relaxing**, frequent irritability; difficulty sleeping

## Tier 2 strategies & accommodations for students who experience anxiety

**For a few students**

**5-10%**

**Individual and small groups**

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

### **Cognitive Distortions**

- “I’m not going to answer; it’ll sound stupid”
- “Why did I say that??? That was so dumb!”
- “Nobody likes me, I don’t have any friends”
- “Everyone always laughs at me!”
- “You did that on purpose!”
- *Negative irrational thoughts dominate, discourage, & depress!*

# Cognitive Behavioral Therapy (CBT)

30-minute sessions for 12 to 20 weeks

*Coaching students to think more positively & rationally, and to practice saying,*

***“Stop! Change that thought!”***

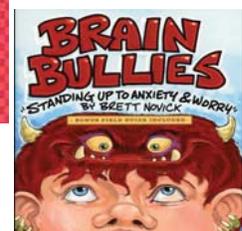
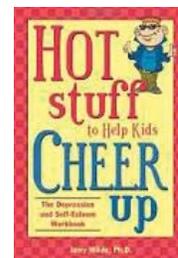
Thoughts

Emotions

Behaviors

## Tier 2 Classroom friendly CBT

- Dr. Jerry Wilde
  - Rational Emotive Behavior Therapy
- “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 ”
- “The Bully in the Brain” – A useful metaphor



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

- Watch for **comfortable peer relationships**, pair the students. Add a 3<sup>rd</sup> compatible student occasionally.
- Encourage the student to **be an observer**: watch others to “see” how to participate

Students who bog down while trying to be perfect

- Value effort vs. perfection
- Do not use a perfect paper as an example
- Model “learning from mistakes”
- Reduce worry over writing by using a computer
- Cue the student before transitions; allow completion of an activity without undue pressure for the next

## 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

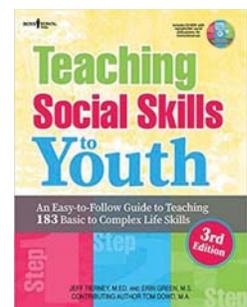
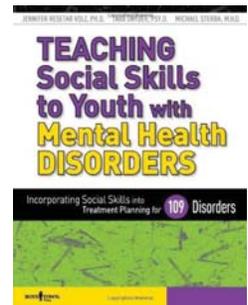
## Social Skills Appropriate for Students with Anxiety Disorders

“Teaching Social Skills to Youth with Mental Health Disorders”

“Teaching Social Skills to Youth”

*(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

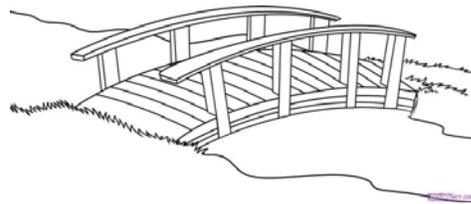
- “It’s going to be OK, just relax.”
- “There’s nothing to be scared of.”
- “I don’t understand why you’re so worried.”

Acknowledge. Inform.

- “I can see that you’re scared.”
- Comment, “Feelings are always real, but they’re not always facts.”

## 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

Students who need a bit of safe and trusting 1:1 to start & end the day: *emotional check-ins, organizational coaching*

### ● 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

- 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

## Students who are easily emotionally aroused

### Fight or Flight

- Stress:  
fight/flight/freeze/fawn
- 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*

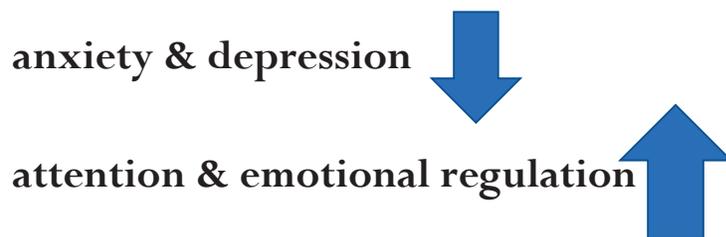
- Deep breathing: 6 seconds in/6 seconds out
  - Intentional breathing increases oxygen to the brain, lowering cortisol
  - In through the nose, out through the mouth
  - *Inflate your belly balloon!*
- Bio feedback calming cards
- Engage your logic: **write or draw**
- **Doodling**
- **Fidgets**

## Tier 1 & 2: Mindfulness

Focusing on “...the present moment – thoughts, emotions and body sensations – without judging them or reacting to them.”

*University of Utah College of Social Work professor Dr. Eric Garland*

1. Pay attention to breathing, air moving through your nostrils.
2. While walking think about things you are grateful for.
3. “Shake off” restlessness: start with a foot, move up
4. Pick something external to pay attention to, e.g., identify the most distant sound you can hear.

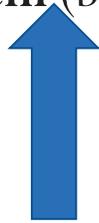


## Tier 1, 2, or 3?

**Emotional support dogs calm, sooth, & connect:**

Positive effects on brain chemistry:

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



- **Cortisol** (stress hormones)
- *Charlotte's Litter* – educators' guide
- [www.charlotteslitter.org](http://www.charlotteslitter.org)

# Beneficial traits associated with anxiety

- You “get” others with anxiety and/or mood issues
- Compassionate, empathetic, sensitive
- Amazing emergency instincts
- Highly observant
- Strong work ethic
- Loyalty
- A love for routine
- A knack for analyzing thoughts and feelings
- Use “reframing” to shift from negative traits to seeing assets in *CAUTION, APPREHENSION, GUARDEDNESS, RELUCTANCE, HESITATION*

## Depression

**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 Jager-Hyman, Ph.D., Center for the Prevention of Suicide, department of psychiatry, Perelman School of Medicine, University of Pennsylvania, Philadelphia.

# What causes depression?

- **Biological factors**
  - Several genes may play a role: 30-40% influence
  - “Epigenetics” - contributing genes get activated by life events
  - Hormones – regulate neurotransmitters
- **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

# Depression indicators

## Depression indicators

- Very sad
- Stomachaches & headaches
- Sleeping too little/too much
- Guilty & worthless
- Eating too little/too much
- Little energy/no interest in fun
- Thinking about death or suicide

## Especially seen at home

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

# Tier 2 strategies & accommodations for students who experience Depression

**For a few students**

**5-10%**

**Individual and small groups**

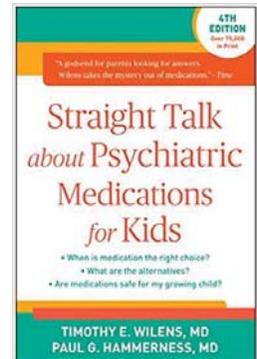
## Counseling

*talk therapy*

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

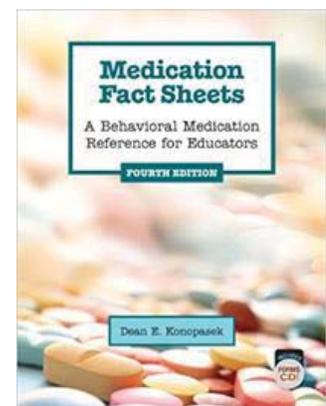
# Medications

- 14% of students with a diagnosis use medications
  - ADHD: 30%                      Depression: 21%
- Compliance & acceptance are issues
- Increase your knowledge to better talk with parents & students
- Family + **student** + **doctor** + school = team
  
- *A positive attitude to medication is essential*



## Make allowances for side effects of medications

- Educate yourself on medications
  - “Medication Fact Sheets: A Behavioral Medication Reference for Educators”  
*Konopasek, 2017 (6<sup>th</sup> edition)*
- **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)



## Intense Difficulty Early in the Day

- Nothing too challenging/pressured to start the day
- Take important tests later in the day
- Consider a later starting time

## Mood fluctuations

- “Safe” adult to go to
- “Calm-down” place
- “Escape plan”, e.g., “therapeutic bouncing”
- Identify mood triggers, work on coping
- “Personal Weather Journal”
- Plan for serious mood escalation
  - schedule change to “safe” setting
  - virtual school
  - intermittent medical homebound

## 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 strategies & accommodations for 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**
- **Daily monitoring of prevention/intervention plan**
- **Crisis management plan**
- **741741 - Free text support for crisis moments, including feeling suicidal or depressed**
- **A trained crisis listener responds to help you move from a hot moment to a cool moment. Many prefer texting to talking.**
- **988**

## See the strengths in students who have mood disorders

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

# 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, & restricted/repetitive behaviors

Symptoms from early childhood which become more problematic with school expectations

1:44 students (*Center for Disease Control 2021*)

## Communication challenges

- Inappropriate, rude, or off-putting statements
- Difficulty getting into/out of conversations
- The “little professor syndrome”
  - Lecturing
  - Persistent, restricted, intense interests that bore others
  - Poor “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 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 important; preoccupation with parts or insignificant details
- Disorganization
- Stress due to perfectionism
- *Calming self with unique/quirky interests*

## Tier 2 Strategies & Accommodations for students who experience Asperger's

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**For a few students**

**5-10%**

**Individual and small groups**

### Tier 2:

Avoiding Escalation with **Changes in Routines**

- **Train routines**
- **Train 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
- Alternatives to hand-writing help with fine motor issues – audio, video, keyboards

## **SOCIAL STORIES WITH GRAPHICS & PHOTOS**

- **Students with Asperger's often get anxious & overwhelmed with verbal directives & instructions**
- **Written instructions also can raise anxiety**
- **Photos and graphics make sense**

## Sensory issues : Tasting, feeling, hearing, seeing IN IRRITATING EXTREMES!

*Reframe the “hypersensitivity” as a “SUPERPOWER”*

### Over sensitive

- Dimmed lights, Incandescent vs fluorescent, sunglasses
- Ear plugs or headphones
- Study carrels
- Avoidance of strong scents (e.g., perfume, deodorant, etc.)
- Clothing to accommodate sensitivities (seams, tags, non-scratchy fabric)
- Ask permission before touching

### Under sensitive

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

## Social Skills Students with AS/HFA

- Early/continuous coaching on friendship skills
- Taking the perspective of another person
- Grooming
- How to enter/exit a conversation
- Managing feelings, including anxiety & stress
- Non-verbal communications
- ***Any behavior that makes relationships difficult may identify a unique social skill!***

## Tier 3 strategies & accommodations for Students who experience Asperger's Syndrome

- **Student support team/504 plan/IEP**
- ***Intensive: 1 – 8 % of students***
- **Data collection & monitoring**
- **Daily debriefing to refine supports & strategies**
- **Close & trusting communication with the family**
- ***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 & expertise
- Ability to work for long periods without getting bored
- Honesty, directness
- Ability to make logical decisions
- Extremely loyal to friends
- Quirky sense of humor
- Systemizing, organizing, recognizing patterns

# 66 Days to Behave

The average person requires

## 66 consecutive days

of intentionally implementing a new practice to make it your “go to” practice.

(Lally, P., van Jaarsveld, C. H. M., Potts, H. W. W. and Wardle, J. (2010))

## Wired Differently seminar for your school or district

- School wide efforts give the best outcomes.
- Half day or full day
- Acting-In Disorders (anxiety, depression, Asperger's)
- Acting-out disorders (ODD, CD, IED)
- Anxiety, Trauma, & Resilience
- School/family collaboration
- Email [mcpaget@gmail.com](mailto:mcpaget@gmail.com) to explore hosting a seminar