

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

## Anxiety, Depression, Asperger's Syndrome

Mike Paget

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

# 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

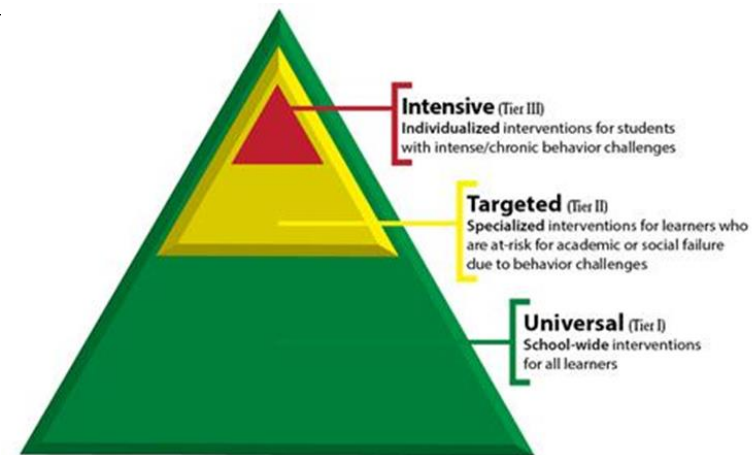


A **PROCESS** of creating a school wide climate/behavior support system based on:

- ✓ *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

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

***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
- 

**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.

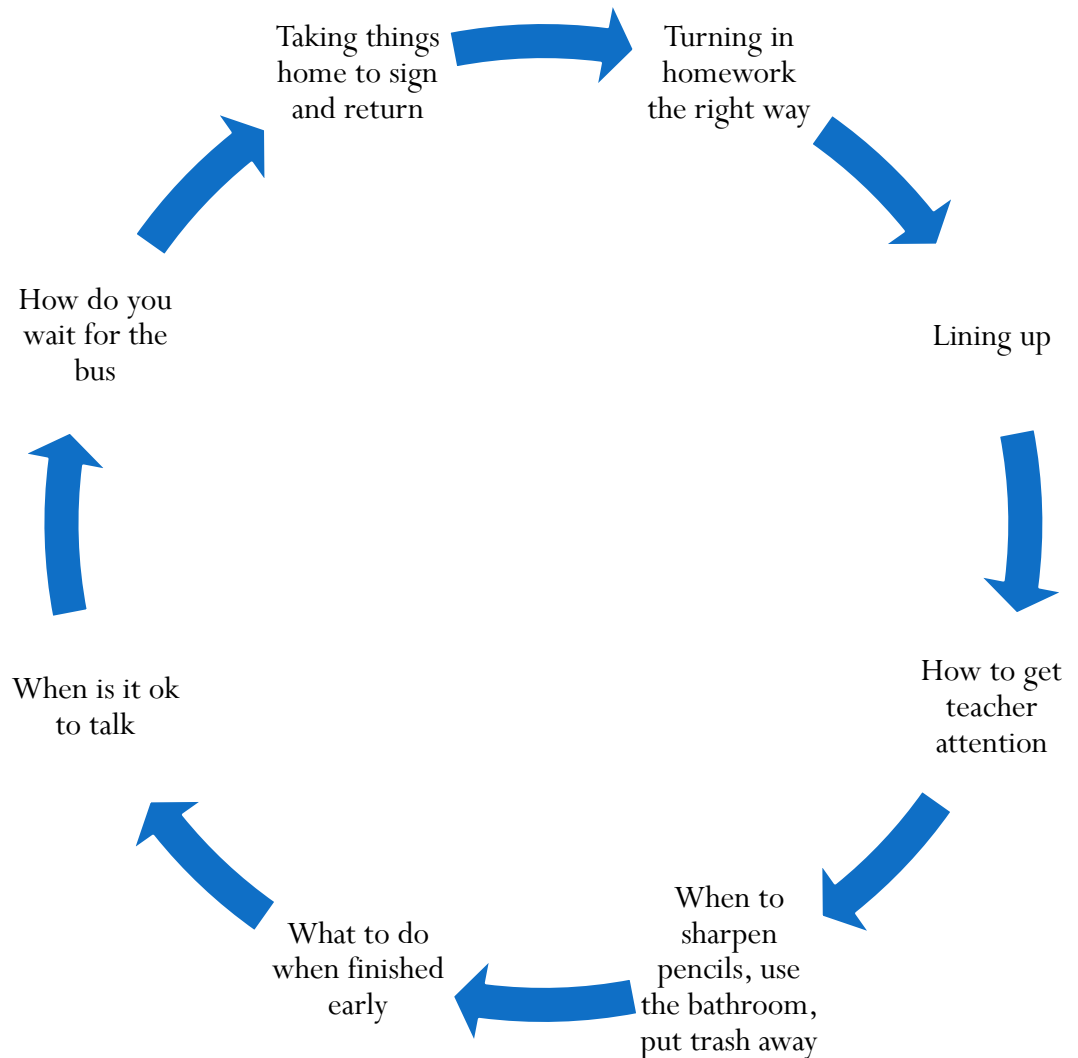
# #2 Teach transition behavior

*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*



# #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

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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!

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# #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:**

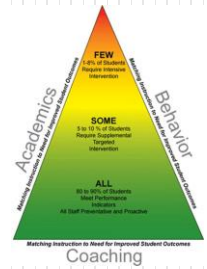
LOW

HIGH

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

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**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!”*



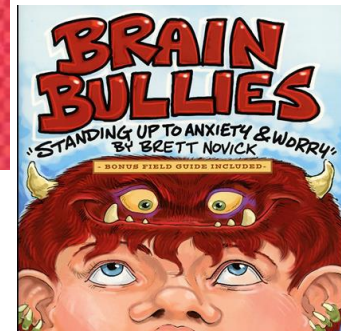
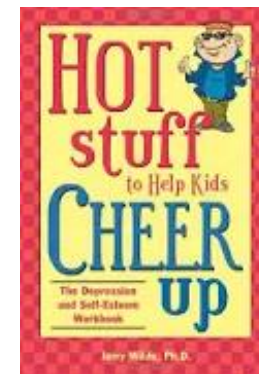
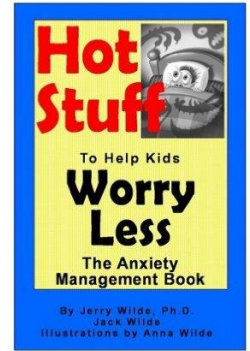
Thoughts

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**

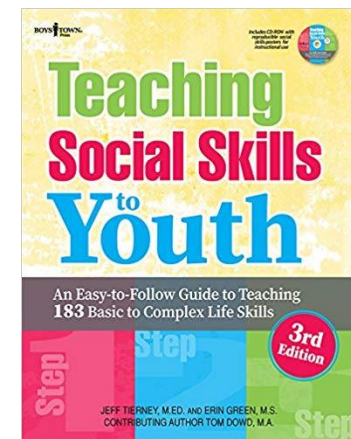
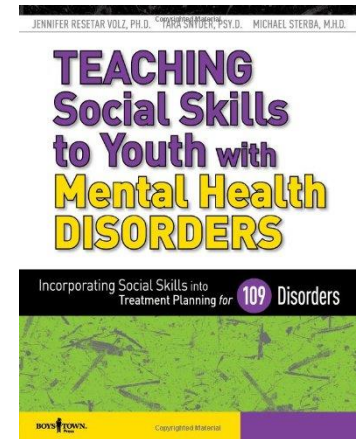
# Social Skills Appropriate for Students with Anxiety Disorders

“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.”

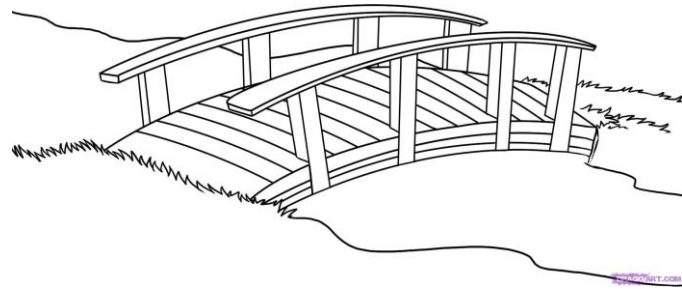
Acknowledge. Inform.

- “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.”

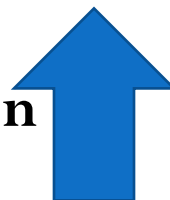
*University of Utah College of Social Work professor Dr. Eric Garland*

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.

anxiety & depression



attention & emotional regulation



## 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

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**For a few students**

**5-10%**

**Individual and small groups**

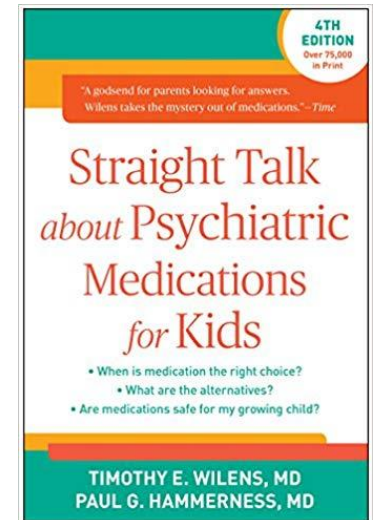
# Counseling

*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.*

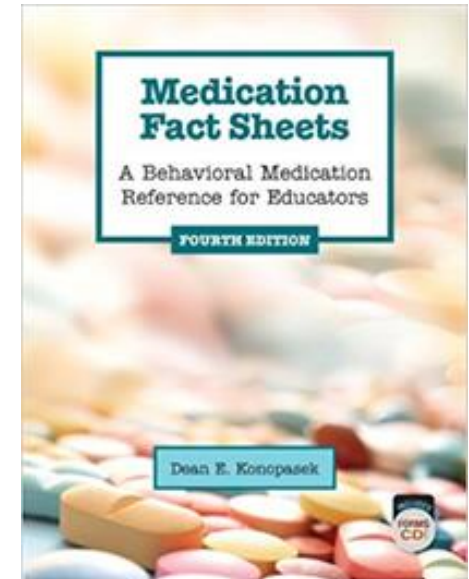
# Medications

- 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