TBM

Therapeutic Behavior Management

TBM/Autism

Workbook

Name: SAMPLE

Trauma-Informed Crisis Intervention Training
for Staff Supporting Children & Youth with Autism Spectrum Disorder
Includes information on Adverse Childhood Experiences (ACEs)

Dr. Steve Parese, with Dr. Christopher Wolfel **www.TACT2.com**

TBM

TBM/Autism

Therapeutic Behavior Management for Autism Spectrum Disorder

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SAMPLE

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rev April 2023

"What Would YOU Do?"

1. Jennie is a 10-year-old girl with ASD in an emotional support program with moderate verbal skills. She often avoids eye contact and shies away from physical touch. Her home life is especially challenging, and she is currently living with her aunt after being removed from her mother's home due to severe neglect and suspected sexual abuse.

Today, Jennie seemed unusually agitated and distracted while the class worked on making paper flowers. She stood up and walked around the room, tapping her forehead repeatedly. Her support staff tried to motivate her to come back and finish the craft. **"Aren't you excited about seeing your mom this weekend, Jennie? Let's see if we can finish some of these beautiful flowers so you can give them to her!"** Jennie became even more agitated and tried to tear up the flowers she'd been working on.

What would be your initial intervention with Jennie?

a. Grab the flowers before she has a chance to destroy any more.
b. Help her tear them all up to shock her.
c. Reinforce other students' hard work while ignoring Jennie's outburst.
d. Encourage Jennie to walk and talk about what's going on.

2. Noah is a 7-year-old boy at a school for children with ASD. He is often fairly attentive in the morning but becomes less cooperative as the day wears on. He is rigid about belongings, especially his snacks. His teacher notes: **"Noah seems to be going through a crinkle-cut french fry phase these days. Even though they give him indigestion, it's hard to get him to eat anything else."**

Today, the cafeteria was unexpectedly crowded with a long line of kids waiting for lunch. As another student walked past, Noah grabbed a bunch of fries off the boy's tray. His support staff removed the fries from his hand and said, **"No way, Noah. You need to wait for your own fries."** Noah pushed the staff member's hands away and reached again for the other boy's lunch.

What would be your next intervention with Noah?

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a. Take him by the arm and insist that he apologize.
b. Ignore the behavior to avoid a power struggle.
c. Redirect/distract him to get back in line so he can get his own fries.
d. Calm him by validating his feelings: "I see that you're frustrated."

3. Maria is a 4-year-old child with autism who has endured a number of upsetting changes to her life recently. After years of sometimes violent disagreements, Maria's parents split up two months ago. Since then, Maria and her mother have been living with Gramma Jo in a small rural community.

Typically, Gramma Jo brings Maria to daycare, but today her mom brought her instead. When a substitute teacher greeted her, Maria began to cry, scream, and kick her mom, who tried to hold her. The teacher came to help, but the girl broke out of her mother's hold, running toward the main road.

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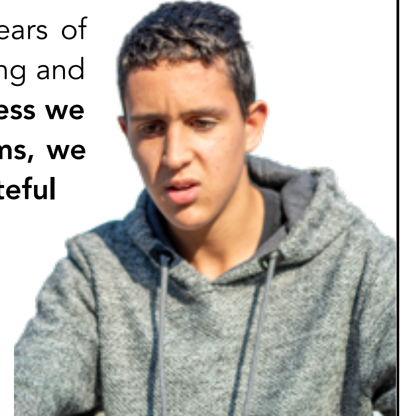
"What Would YOU Do?"

What would be your initial intervention with Maria?
a. Run after the child to prevent her from reaching road/traffic.
b. Let her run hoping she'll come back on her own.
c. Rustle candy bag and call "If you come back…"
d. Calm her, "I see that you're frustrated, Maria. Let's talk."



4. Ryan is a 16-year-old who has recently been diagnosed with ASD, after years of treatment for what was thought to be ADHD. Ryan is fascinated with film-making and is a talented writer, but he struggles to build relationships with his peers. **"I guess we don't connect,"** he explains. **"I think if they knew more about Tarantino films, we might get along. But no one seems interested in learning about 'The Hateful Eight' or 'Pulp Fiction' or 'Kill Bill' or ….."**

Today in English class, Ryan is giving an impromptu mini-lecture on Tarantino's 'Reservoir Dogs' when he becomes distracted by three of his classmates snickering in the back of the room. He becomes flustered, stammering over his words. Suddenly, with his eyes wide, he growls one of the film's most famous quotes: **"Are you gonna bark all day, li'l doggie, or are you gonna bite?"** The class explodes with laughter and Ryan storms out of the room.

What would be your initial intervention with Ryan?
a. Grab Ryan to keep him from doing anything dangerous.
b. Let Ryan and his classmates work this out their own way.
c. Prompt Ryan to return to his seat by offering a reinforcer.
d. Give Ryan time to calm down while notifying support staff.

5. Jonah is a 13-year-old boy in an autism support program. He has very limited communication skills, but can make his needs known using a picture exchange system that he carries with him. He is often very rigid and can become physically assaultive when he doesn't get his way.

SAMPLE

Today, Jonah was in a social-emotional skills session with his therapist, using a visual chart to identify feelings. He seemed to be getting bored and grabbed for a stuffed animal on the table behind the therapist. She shook her head 'No,' and pointed back at the chart, but Jonah slapped at her hand and again reached for the toy.

What would be your initial intervention with Jonah?
a. Grab his hand to prevent him from slapping you again.
b. Let him play with the toy and try to get back to the lesson later.
c. Prompt Jonah "First the chart, and THEN the stuffy," while moving out of arm's reach.
d. Reflect: "It seems like you're frustrated about not getting the animal right now."

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TBM Model

The TBM Model suggests that decisions in crisis should be made by first assessing the level of imminent danger, then determining the psychological source of the issue. Functional problems can often be handled with behavioral responses, but emotional crises require calming and de-escalation first.

Problem!

Model created by
Dr. Steve Parese, 1994

Imminent Danger?

No Imminent Danger?

Functional?

Emotional?

Behavioral Responses

1. Redirect
2. Prompt
3. Reset

Calming Responses

1. Give Space
2. Actively Listen
3. Debrief Problem

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Crisis Response

1. Reassure
2. Restrict
3. Remove*
4. Restrain*

*With the assistance of additional adults as needed to assure the safety and security of all involved.

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Defining Terms

IMMINENT DANGER:

Situation which places S_______ or O__________ at risk of S_________ H_______ in the very near future.

Crisis Response

1. Reassure
2. Restrict
3. Remove
4. Restrain

FUNCTIONAL MISBEHAVIOR:

Un__________ behavior that allows a child to obtain a P________ outcome or avoid a N___ - P_______ one.

Behavioral Response

1. Redirect
2. Prompt
3. Reset

EMOTIONAL CRISIS:

Impulse reaction to an overwhelming situation, fueled by high S_______, low S____-E_________, prior T__________, or M_________ issues.

Calming Response

1. Give Space
2. Listen Actively
3. Debrief Problem

Diagnostic Cue	Functional	Emotional
Behavior How usual is this behavior under normal conditions?	N_____________ for child	U_____________ for child
Body Language How much stress is visible in the child's face, body, voice, etc?	L_____ Intensity	H_____ Intensity
Goal-Driven Does the behavior cease or continue on achieving the goal?	[illegible] reaching goal	[illegible]_________ even [illegible] reaching goal
Triggers Are there environmental, situational, or medical issues?	M______________ issues	S______________ issues

SAMPLE

Key Point 1. Working with children on the autism spectrum requires a great deal of patience, skill, and flexibility. The TBM Model provides a decision-making framework based first on assessing the danger level, then the psychological source of the problem.

Dangerous situations require us to put safety first. Functional problems can often be managed with behavioral responses, but overwhelming emotional crises are better managed using a calming response first.

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ABC's of Functional Misbehavior

Applied Behavioral Analysis (ABA) suggests that a behavior should be interpreted in the context of what comes before (antecedent) and after (consequence).

If an undesirable or unhealthy behavior (screaming for snacks) frequently leads to a desired outcome (getting that snack), it becomes functional. Children with autism are often so singularly focused on achieving a desired outcome that they are willing to endure negative consequences to get what they want or need.

1. **Sensory stimulation** (Behavior feels pleasant physically or replaces an uncomfortable feeling);
2. **Escape/avoidance** (Behavior gets them out of something they dislike);
3. **Attention-seeking** (Behavior gains acceptance, affection, or attention); or
4. **Tangible rewards** (Behavior allows access to a desired item or activity).

List 2-3 of your children's undesirable or unhealthy behaviors that fit into each category below.

Sensory stimulation

Examples of undesirable or unhealthy behaviors that serve this purpose:

Escape/Avoidance

Examples of undesirable or unhealthy behaviors that serve this purpose:

SAMPLE

Attention-seeking

Examples of undesirable or unhealthy behaviors that serve this purpose:

Tangible rewards

Examples of undesirable or unhealthy behaviors that serve this purpose:

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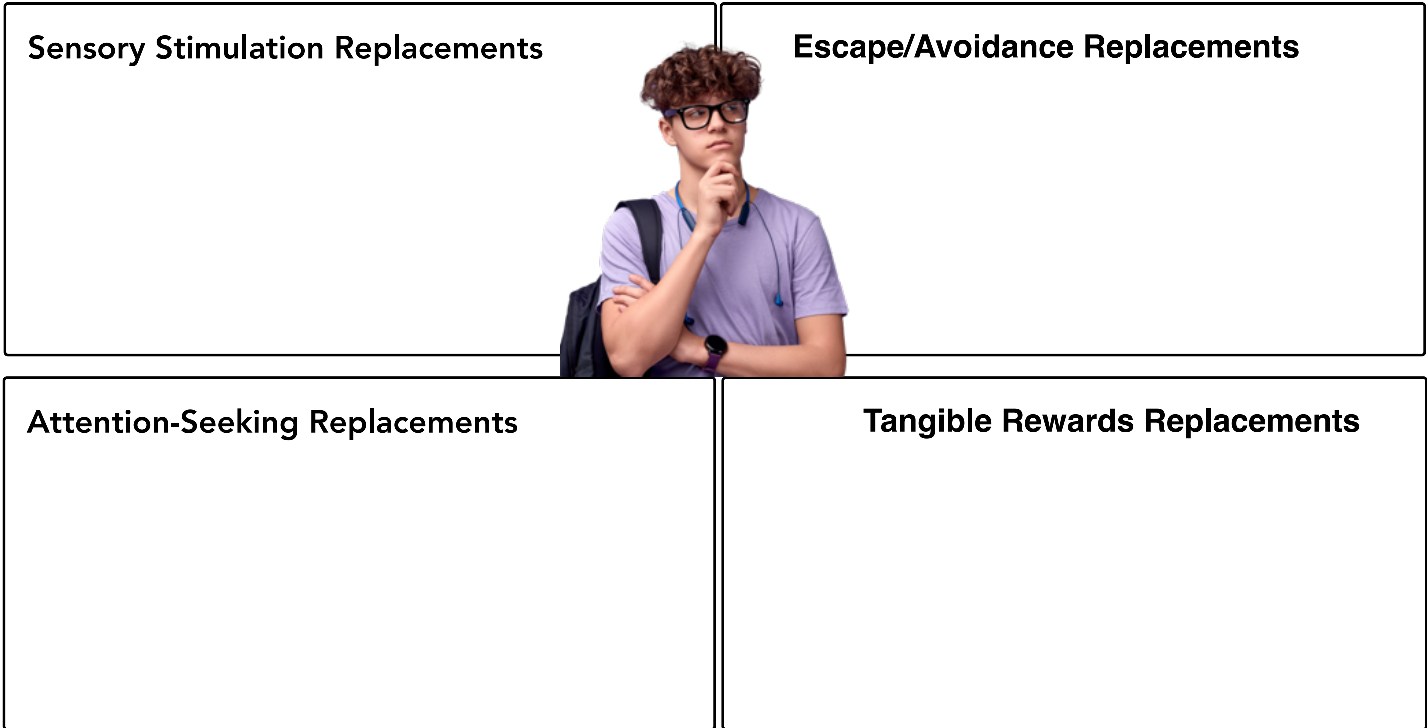
Replacement Behaviors

When we analyze a behavior to understand its function or purpose, we can offer alternative ways or "replacement behaviors" to achieve the same outcomes. When kids have more acceptable ways to meet their needs, they are more likely to cooperate, and may learn more effective social-emotional skills.

<u>What are some more acceptable or healthy ways that children and youth can experience these functions in your program or setting?</u>



Overview of Behavioral Responses

SAMPLE

Many everyday behavior problems are FUNCTIONAL. These often respond well to interventions based on behavioral principles.

Diagnostic Cues of Functional Behavior:

1. BEHAVIOR is N____________________
2. INTENSITY is L ____________________
3. GOAL-DRIVEN: C____________ when successful
4. Other ISSUES are M________________

Behavioral Response

1. **Redirect**
2. **Prompt**
3. **Reset**

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Behavioral Skill #1: Redirect & Reinforce

Sometimes kids get so focused on a goal, activity or person that they cannot attend to what they are supposed to do. In this case, **don't correct the inappropriate behavior. Instead, try to shift their focus with a redirection.** Always reinforce cooperation with intrinsic motivators (approval, praise) and extrinsic motivators (token, tangibles).

"Here, try this instead."

Redirect Techniques	Example
Distraction	Use a sound, gesture, object, or request to draw child's attention toward a desired behavior.
Interest boosting	Make the desired task more interesting or appealing to draw the child's attention toward it.
Incompatible task	Provide a desired task that is impossible to accomplish unless the youth halts the problem behavior.
Offer choice	Provide a choice of acceptable ways (this or that?) to reach a desired outcome.

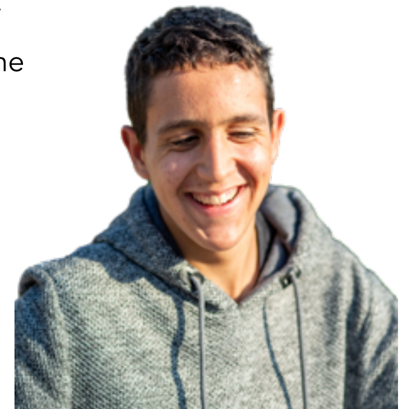
For Example: Redirecting Maria

During a coloring activity, Maria (4) begins scribbling on the wall with crayons, something she often does when she is bored. (Functions as an escape.) You decide to redirect the behavior before prompting her to stop drawing on the wall.

Distract: Hum a song, then smile at her and point back toward the table.
Interest boost: "Here is today's coloring activity, Maria. And I've got your favorite red crayon too!"
Incompatible: "Here is a cloth, Ma[illegible]a. [illegible]ould [illegible]ou m[illegible] w[illegible]g [illegible] my [illegible]ble?"
Offer Choice: "Would you rather [illegible] in th[illegible]s [illegible]lorin[illegible]? C[illegible]n [illegible]s [illegible]?"

SAMPLE

Apply the Skill: Redirecting Ryan



Ryan (16) is fascinated with film-making, but seems confused by his peers' lack of interest. Today in science, the class groans as he begins talking at length about the science of the Matrix movies, another of his favorites.

Describe 2-3 redirecting strategies you could use with Ryan.

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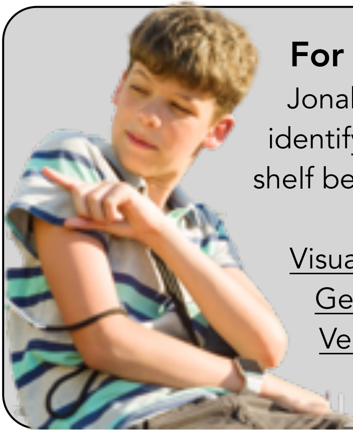
Behavioral Skill #2: Prompt & Reinforce

> "OK, first this, THEN that."

Often, youth need more direction from us. **Prompts non-verbally or verbally encourage kids to follow expectations or complete tasks.** Use less intrusive prompts when possible, and remember to reinforce cooperation intrinsically and extrinsically.

Prompt Hierarchy	Example
Visual	Show a card, picture, poster, or schedule as a reminder.
Gestural	Point, nod, shake your head, or make an expression.
Verbal	Directly request a specific behavior in a pleasant tone of voice.
Modeling	Complete a similar task with youth to encourage them.
Partial Physical	Lightly guide, tap, or nudge a youth to perform a task, graduated guidance (hovering).



For Example: Prompting Jonah

Jonah (13) is a boy with very limited communication skills. He is in a therapy session on identifying feelings, but has lost interest. He reaches repeatedly for a stuffed animal on the shelf behind the therapist. Prompts to get him to complete the activity might include:

Visual: Hold a 'Feeling Faces' card in front of Jonah.
Gestural: Frown, shake your head, hold hands up in a "no" gesture.
Verbal: Sa[illegible] F[illegible]t fin[illegible] this, [illegible]en [illegible]ay [illegible]h[illegible]e s[illegible]y."
Mode[illegible] Do [illegible] xer[illegible]y[illegible]rse[illegible]h[illegible] tu[illegible] the r[illegible]t[illegible]ard over to Jonah.

SAMPLE

Apply the Skill: Prompting Noah

Noah (7) was asked to wash his hands. The water has been running full blast for more than 2 minutes now while Noah holds his hands beneath it (functions as ______________).

Describe 2-3 prompting strategies you could use with Noah.

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Behavioral Skill #3: Reset & Reinforce

Sometimes youth are highly resistant to changing their behavior. If so, try to avoid a power struggle by resetting rather than endlessly repeating. **To reset, change your perspective. Consider where they might be coming from, and then try a different approach.** When you get cooperation, be sure to offer meaningful reinforcement.

"Let's look for another way."

Reset Techniques	New perspective	Resetting strategy
Validate feelings	Maybe they're getting frustrated or overwhelmed?	If so, acknowledge the youth's difficulty and offer your support & assistance.
Change scenery	Maybe their surroundings (peers, noise, etc) are contributing factors?	If so, change the physical or social dynamic by inviting the youth to move to a different location, or by encouraging others to move away.
Simplify task	Maybe they don't understand and won't /can't ask for help?	If so, restate instructions in a simpler way, or break the task down into smaller parts that can be more easily completed.
Staff support	Maybe it's something about me?	If so, ask for assistance from another staff member to encourage youth to cooperate.

Apply the Skill: Think of a functional situation with a child in your program, similar to the boxed examples on pages 8 & 9. Describe the situation, then come up with one Redirect strategy, one Prompt strategy, and one Reset strategy.

Situation: ______________________________

____

1. Redirect: ______________________________
2. Prompt: ______________________________
3. Reset: ______________________________

SAMPLE

Key Point 2. Functional misbehavior is a response to an antecedent which allows a child to reach a desired outcome (such as sensory stimulation, attention, or tangible rewards) or escape an unpleasant situation, even though it may create problems for others.

Our primary goal with such behaviors is to shape new, more appropriate responses in place of those which create problems. This is best accomplished by teaching, prompting, and reinforcing desired behaviors, according to each child's individualized plan. It's important to stay out of power struggles and to avoid inadvertently reinforcing undesired behaviors.

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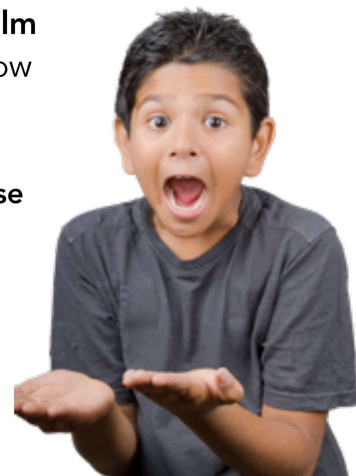
Emotional Conflict Cycle



When behaviors stem from an emotional source, our first goal must be to calm the crisis. Four factors that fuel an emotional crisis include (1) High Stress, (2) Low Self-Esteem, (3) Prior Trauma, and (4) Medical Issues.

Dr. Nicholas Long's work helps us see an emotional behavior as a triggered response to stressful pre-crisis issues. Slow triggers like problems at home or prior trauma are activated by fast triggers like loud noises. These stresses eventually overload their limited coping skills, and children become overwhelmed by their feelings. Without support, they often act out with disruptive or destructive behaviors. Staff's instinctive negative reactions can often escalate this emotional behavior, leading to power struggles. But if we respond calmly instead, we can convert a destructive Conflict Cycle into a positive Coping Cycle instead.

Conflict Cycle

Background 'Slow Triggers'
Growing Stress

Situational 'Fast'
Trigger

Overwhelming
Feelings

Impulsive
Behaviors

Negative
Reactions

SAMPLE

1. Stressful **slow triggers** in kids' background:

2. Situational **fast triggers** that set them off:

3. Overwhelming **emotions** kids may feel:

4. Impulsive **behaviors** they exhibit in crisis:

5. Negative **reactions** that will escalate crisis:

6. Calm **responses** that might de-escalate crisis:

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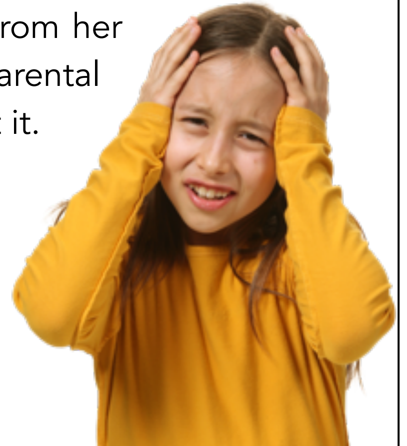
Jennie in Emotional Conflict

Let's dramatize the following interaction between Jennie and her 1:1 aide, Roberta. As we read, identify the stressful antecedents in Jennie's life, as well as the triggers which set off the conflict.

Jennie is a 10-year-old girl with ASD who has been sexually abused in the past. She has moderately good communication skills, though she shies away from physical touch. She is currently living with her aunt after being removed from her mother's home due to severe neglect. Their first supervised parental visit is planned for this weekend, and Jennie seems nervous about it.



Last night, her aunt's new boyfriend spent the night, and Jennie barely slept a wink. Today, she came to school looking unusually agitated. As her teacher handed out supplies for making paper flowers, Jennie walked around the room, tapping her forehead repeatedly.

Her 1:1 support staff tried to motivate her to come back and finish the craft. Ms. Roberta nudged the girl back toward her work area and and said: **"Aren't you excited about seeing your mom this weekend, Jennie? Let's see if we can finish some of these beautiful flowers so you can give them to her!"**

Waves of anxiety and panic flooded Jennie. **"Stupid! Stupid, stupid, stupid,"** she muttered, grabbing one of the paper flowers and shredding it.

"Hey now!" Ms. Roberta called out, prying the rest of the flowers out of her hand. **"I worked hard on these!"**

SAMPLE

Jennie's stress skyrocketed. Completely overwhelmed by the unwanted touch and [illegible] by Roberta's anger, she lashed out physically, slapping her aide's hand.

"Don't you slap at ME, young lady!" Roberta lashed out. **"No wonder your momma —"** she began, just barely catching herself as Jennie fled the room.

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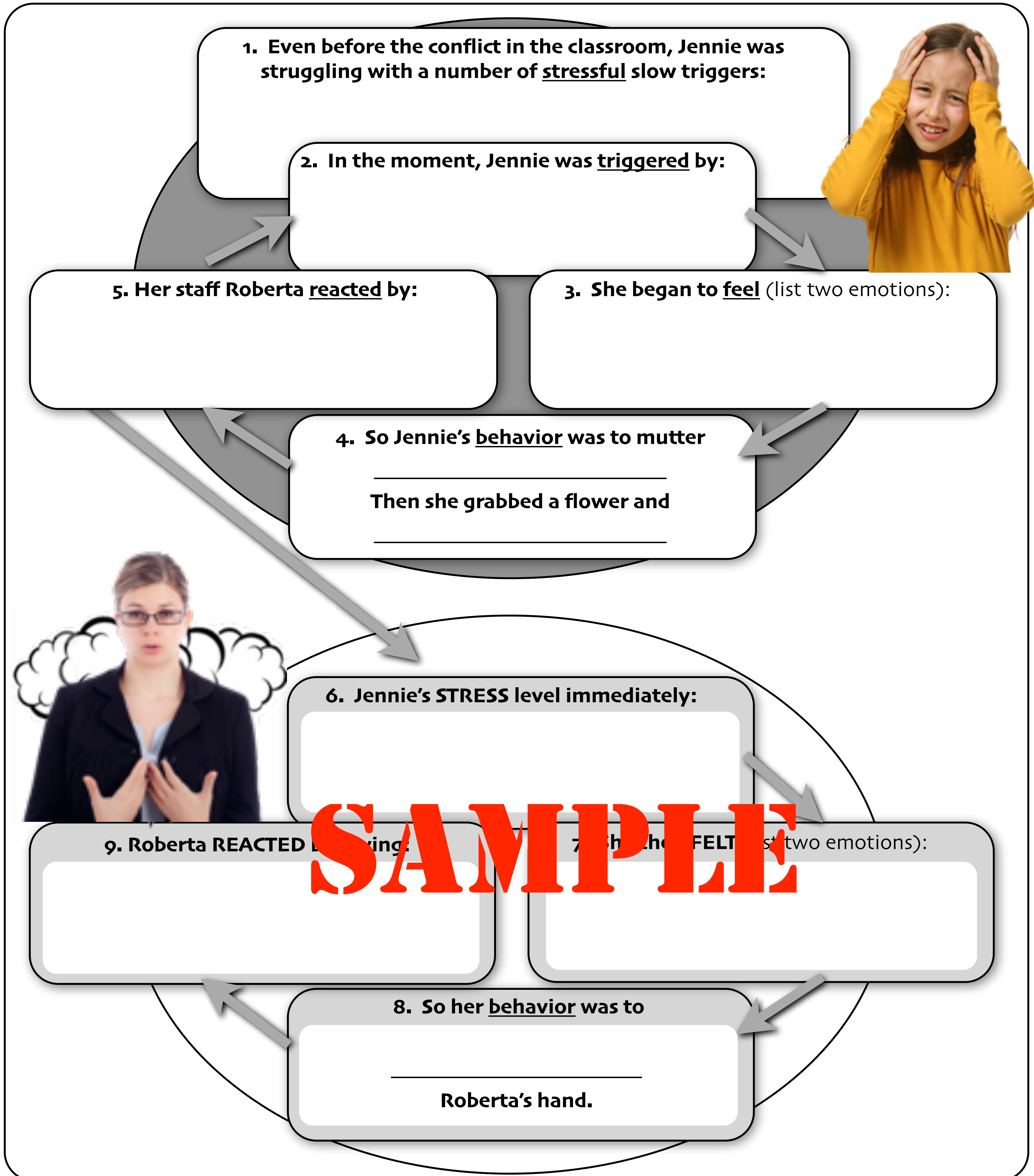
Conflict Mapping

Conflict Mapping can help us track how small problems transform into major crises. Use the details from Jennie's story on the previous page to complete the Conflict Map below.



DISCUSSION: What could the adults involved have done to handle this situation better — Before, During, or After the crisis?

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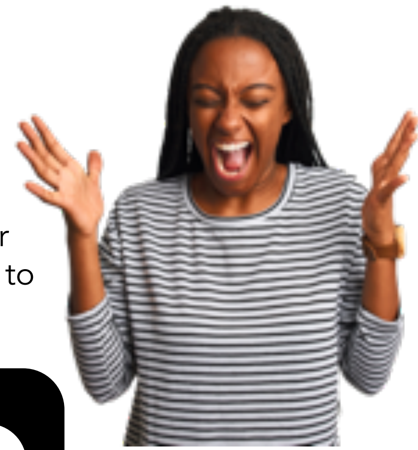
Adult Anger Traps



Despite our best intentions, there may be times when we react personally to challenging situations, especially when we are already struggling with our own stressful issues. A deeper understanding of our anger traps can help us defend against emotional overreactions, allowing us to remain clear, calm, and focused instead.

1. Outside Stress

Leftover stress from an exhausting home or work problem overloads us, making it easy to overreact to an aggravating minor situation with displaced **anger**.

2. Embarrassment

We feel helpless or inadequate trying to handle a confusing situation, then turn our uncertainty or shame into **anger**.

3. Shock or Fear

We feel a natural sense of shock or fear in response to a threatening situation involving a child, then turn our surprise or anxiety into **anger** at them.

4. Values Violation

We become offended when a child's behavior violates one of our core beliefs, triggering feelings of intense righteous **anger**.

5. Authority Challenge

We stubbornly engage in a rigid power struggle with a defiant child, **angrily** determined to establish control at almost any cost.

Based on work by
Dr. Nicholas Long

SAMPLE

Discuss: Which of these anger traps do YOU most easily fall into? Think of an example and tell your partner about it.

Key Point 3. Emotional crisis is an impulse reaction to an overwhelming situation, fueled by high stress, low self-esteem, or prior trauma. Children in genuine emotional crisis often react better to a calming response than a behavioral intervention.

The Conflict Cycle model illustrates how highly stressful antecedents can be triggered by seemingly minor events. When youth are unable to process their intense emotions, they may behave impulsively, leading staff to react negatively with punitive consequences. This is especially true when we as staff slip into an anger trap and respond personally rather than professionally.

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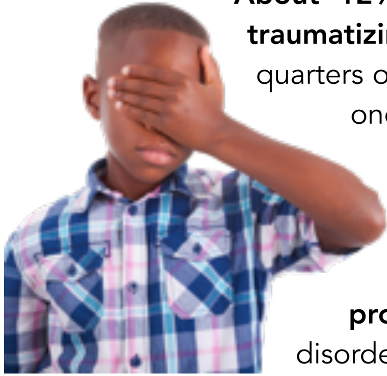
Impact of Childhood Trauma



About 12% of all children and youth in the U.S. will be repeatedly exposed to traumatizing circumstances, such as abuse, neglect, and overwhelming chaos. Three quarters of these should eventually recover, though not without emotional scars. However, one-quarter (3% of all children) will likely develop PTSD (post-traumatic stress disorder) and may suffer from long-term physical and mental health issues.

Children with autism may experience even more trauma than other youth, but often lack the communication and relationship skills to share their problems or seek support. About 70% of youth with ASD also have a psychiatric disorder such as depression, anxiety, or obsessive-compulsive disorder.

Consider the following case, based on a real-life 13-year-old with autism:

"Before Gabriel could even talk, his father's girlfriend [an illegal drug user repeatedly] told him that his mother had abandoned him. At age 3, he was sexually abused by a cousin… and mercilessly bullied once he started school. [School staff attempted to involve his custodial parent in his educational plan, but his father was seldom available.] Gabriel showed signs of depression by age 7, and by 11 began telling his mother he did not want to live. About three years ago, while at summer camp, he almost drowned. Shortly after that, he experienced life-threatening heatstroke when he went to get his Legos from the car trunk and accidentally locked himself in. Six months ago, just after his grandmother died, he attempted suicide…. Gabriel started seeing a therapist five years ago, and [just] last year was diagnosed with PTSD." (SpectrumNews.org 09/26/18, [details added])

DISCUSSION: What traumatizing events do you see in Gabriel's life?
Why do you think it took so long for him to be diagnosed with PTSD?

Internalizers and Externalizers

Exposure to repeated or intense trauma affects children in different ways. Virtually all kids experience feelings of hopelessness, powerlessness, and shame when triggered. But depending on their personalities, kids' feelings may be channeled into one of two very different ways:

SAMPLE

INTERNALIZING FEELINGS

Helpless A____________________ or

Worthless D______________________

EXTERNALIZING FEELINGS

Destructive A_________________________

INTERNALIZING BEHAVIORS

____

____

____

____

EXTERNALIZING BEHAVIORS

____

____

____

____

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Adverse Childhood Experiences (ACEs)

"Adverse Childhood Experiences" (or ACEs) are highly stressful or traumatic events that occur in the life of a child before the age of 18. During these years, multiple ACEs can alter a child's stress-response system. A constant lack of safety and predictability encourages their young brains and bodies to make changes that ensure survival. If the stress goes on for too long, this rewiring can become permanent.

These changes to a child's neurological, hormonal, and immune systems often lead to **delays in language development, emotional management, cognitive abilities, and physical health** in childhood, and increase the likelihood of serious social and health problems later in life.

"Adverse Childhood Experiences" Survey (Center for Disease Control & Prevention)

YES NO

1. Did a parent or other adult in the household often ...
Swear at you, insult you, put you down, or humiliate you? or
Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household often ...
Push, grab, slap, or throw something at you? or
Ever hit you so hard that you had marks or were injured?

3. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way? or
Try to or actually have oral, anal, or vaginal sex with you?

4. Did you often feel that ...
No one in your family loved you or thought you were important or special? or
Your family didn't look out for each other, feel close to each other, or support each other?

5. Did you often feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or
Your parents were too drunk or high to take care of you or take you to the doctor if needed?

SAMPLE

6. Was a biological parent ever lost to you through divorce, abandonment, or other reasons?

7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her? or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

9. Was a household member depressed or mentally ill, or did s/he attempt suicide?

10. Did a household member go to prison?

Apply the Skill: Calculate Gabriel's likely ACE score based on details from the previous page.

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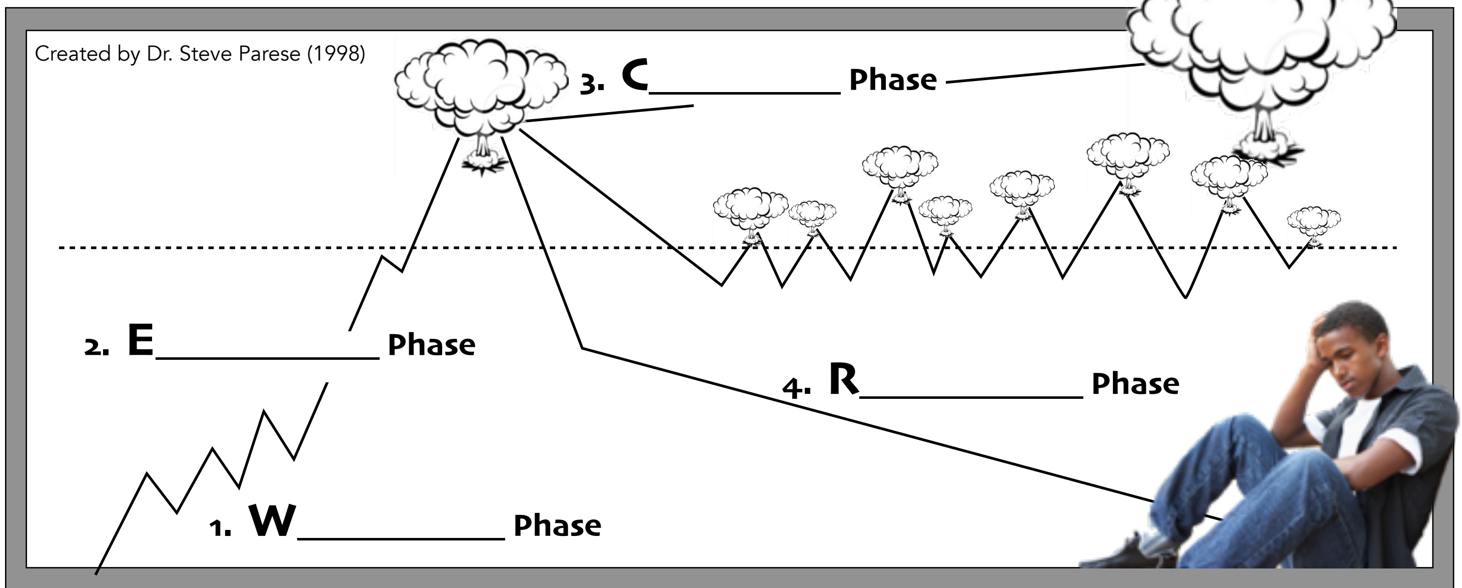
TBM Escalation Model

Emotional crises frequently follow a predictable pattern of escalation, and can often be de-escalated if adults use the right strategies at the right times. It can helpful to understand how externalizers and internalizers behave differently during each phase of the crisis.



Signs and Symptoms of Each Phase	Adult Goals & Helpful Strategies
Phase 1. WARNING PHASE: Externalizers show early signs of **A**__________ Internalizers show early signs of **A**__________	Our goal is to: **P**__________ the crisis Strategies:
Phase 2. ESCALATION PHASE: Externalizers become more **H**__________ Internalizers become more **W**__________	Our goal is to: **D**__________ the crisis Strategies:
Phase 3. CRISIS PHASE: Externalizers often **B**__________ Internalizers often **S**______ down or **M**______ down	Our goal is to: **P**__________ self/others Strategies:
Phase 4. RECOVERY PHASE: Externalizers blame **O**__________ Internalizers blame **T**__________	Our goal is to: **R**__________ the problem Strategies:

SAMPLE

Key Point 4. Chronic adversity and prior trauma area significant contributing factors to emotional crises in children. When triggered by stressful circumstances, some children externalize their feelings as angry aggression. Others internalize their feelings as anxious dependency or depressed withdrawal instead. When we understand what conditions trigger individuals and how each escalates, we can plan specific strategies to help them calm down, keep them safe, and encourage them to learn from their problems.

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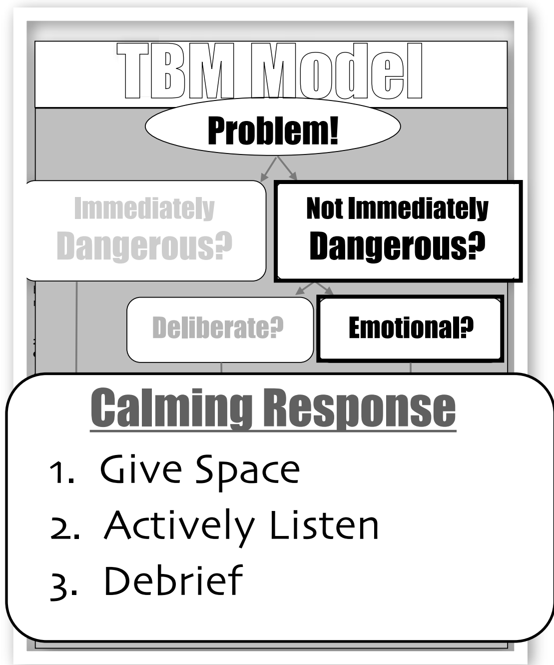
Calming Responses



Some behavior problems are EMOTIONAL, driven by high stress, low self-esteem, prior trauma, or medical issues. These situations respond best to calming interventions.

Diagnostic Cues of Emotional Behavior:

1. BEHAVIOR is U________________
2. INTENSITY is H ________________
3. GOAL-DRIVEN: C__________ when successful
4. OUTSIDE Issues: S________________

Calming Skill 1: Give Space

Children in the "Red Zone" are often overwhelmed by internal and external irritants. They are safe but just barely in control of their emotions and behavior. Our goal is to help them decompress.

In the Red Zone: Do less, not more.

- Minimize the impact of sensory or environmental overstimulation.
- Step back physically and verbally, offering fewer words and a less intense physical presence.
- Lead the child away from peers into a space with fewer irritants.
- Allow the youth to self-soothe with non-harmful repetitive behaviors.

SAMPLE

One of the easiest ways to calm an overwhelmed youth is to give them physical and emotional space using a gentle [illegible].

Jennie slapped at Miss Roberta's hands and fled the room. She stopped just outside the girls' restroom, face red and hands trembling, clearly in the "red zone." You approach carefully and say:

To GIVE SPACE:	**For Example:**
Step 1: ACKNOWLEDGE FEELINGS	"Hi Jennie, I can see how ____________ you are right now."
Step 2: SUGGEST TIME ALONE	"You look like you could use ______________________."
Step 3: SET SAFE LIMITS	"Why not come to __________________________________ and when you're ready, we can talk about what's going on."

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Calming Skill 2: Actively Listen

Children in the "Yellow Zone" are still very emotional, but have at least some control over their bodies and behavior. Our goal is to help them (and other adults) de-escalate.

In the Yellow Zone: Acknowledge and support.

- Encourage comforting activities that aid self-control.
- Nod and soothe using supportive sounds and gestures.
- Reinforce gradually increasing calmness and self-control.
- Decode body language and expressions to acknowledge feelings.

One of the best ways to de-escalate a youth in the yellow zone is active listening. Good listening allows an emotional child to vent to someone who cares, while offering adults an opportunity to gather information and build a stronger rapport. Active listening can de-escalate even non-verbal youth by showing our care and concern through our body, voice, and face.

There are three levels of Active Listening:

1. Attending **2. Decoding** **3. Reflecting**

Level 1: ATTENDING

When kids are upset, we communicate our concern and willingness to help:
(1) By what we DO; and (2) By what we SAY.

Mark "G" for generally good and "B" for generally bad habits. How might these impact a youth?

THINGS WE DO:

___ Interrupting constantly
___ Making some eye contact
___ Nodding at the right times
___ Quickly checking a text
___ Rolling our eyes
___ Tapping a pen
___ Leaning in
___ Looking at a watch

SAMPLE

THINGS WE SAY:

___ "Tell me more about what happened..."
___ "That's nothing! You think that's bad?"
___ "That must have been upsetting..."
___ "Here's what you SHOULD have done..."
___ "You really need to get over it…"
___ "What about HER point of view?"
___ "Seems like you've had a hard day…"
___ "I see what you mean.."

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Level 2: DECODING

Much of a child's real meaning is communicated non-verbally. Decoding allows us to move beyond surface behavior and understand deeper meanings. In addition, some children with autism are unable to express their emotions clearly using words, so **we must learn to interpret their feelings based on specific phrases, expressions or gestures.**

% of Actual Meaning	Communicated through
%	**Facial expressions & body language**
%	**Tone of voice & inflection**
%	**Choice of words**

Feeling Families

There are four primary Feeling Families: Mad, Sad, Glad, and Scared. When decoding a child's emotions, begin by identifying the most likely Feeling Family. Then notice if that feeling is mild, moderate, or intense.

Directions: Write down 4-6 synonyms for each family. Try to get a couple of mild, moderate, and intense feelings in each box.

MAD (mild, moderate, & intense)	SAD (mild, moderate, & intense)
GLAD (mild, moderate, & intense)	SCARED (mild, moderate, & intense)

SAMPLE

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How to Use Decoding

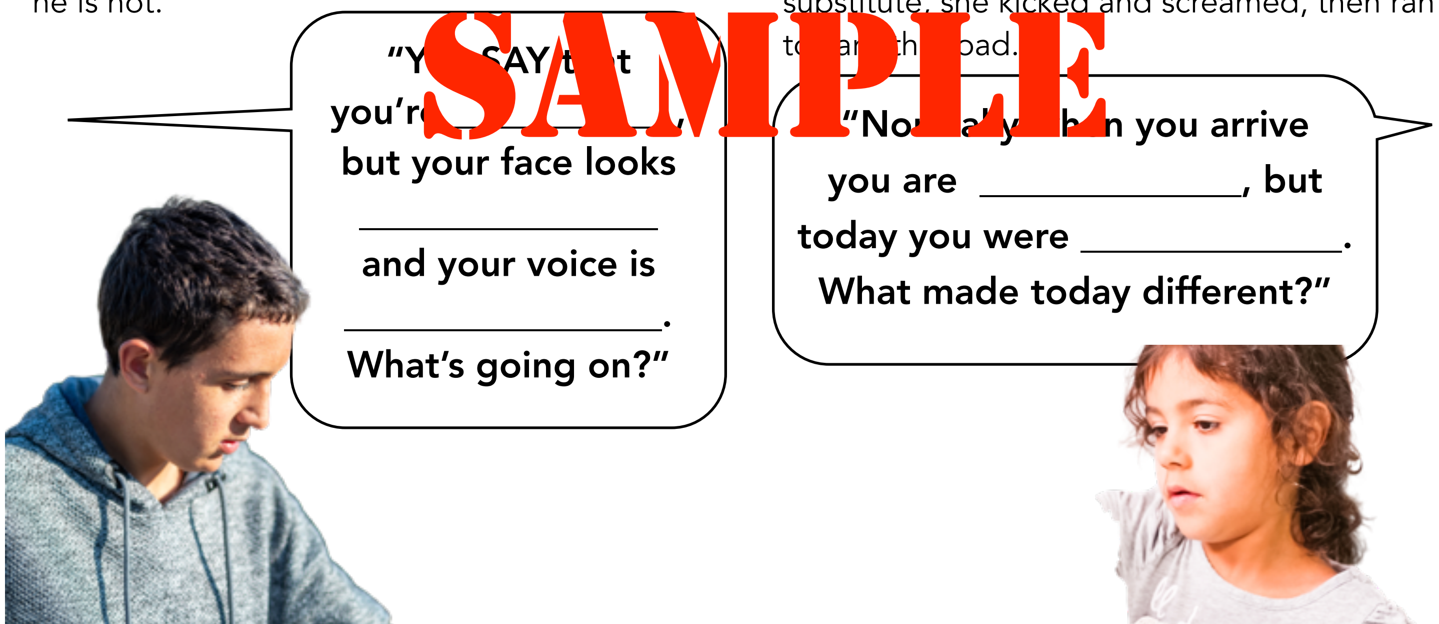
1. **Basic decoding interprets emotions from body language,** expressions, posture, or tone, and responds with a statement that acknowledges these feelings. You can follow up with an offer of help, if appropriate.

2. **Advanced decoding points out discrepancies** between a child's verbal messages ("I'm fine") and non-verbal messages, or between their normal behavior and current behavior.

a. **Ryan's** peers ridiculed him with mocking comments, and he ran out of the classroom. He insists he's okay, even though his body language suggests that he is not.

b. **Maria** usually comes to daycare with her grandmother, and is greeted at the door by her teacher, Miss Lettie. Today her mother brought her instead, and when Maria was greeted by a substitute, she kicked and screamed, then ran [illegible] pad.

SAMPLE



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Level 3: REFLECTING

Reflective listening paraphrases what we hear students saying and feeling. We offer our full attention, decode non-verbal messages, then briefly summarize what we sense is happening. While most effective with verbal kids, this effort to understand and empathize is immensely validating for any child.

"It sounds like you feel __EMOTION__ about/because of __SITUATION__."

Ms. Roberta: "All I did was encourage Jennie to finish the flowers so she could give them to her mother this weekend. It'll be the first time they've seen each other in six months."

Noah: "I always get french fries for lunch. The crinkle-cut kind. My mom always gets them. But the cafeteria ran out! Not fair!"

"It sounds like you are confused about why Jennie reacted the way she did."

"So it was REALLY upsetting for you when the cafeteria didn't have your fries at lunch."

Circle the FEELING and underline the REASON.

Circle the FEELING and underline the REASON.

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Practice with Reflective Listening

2. <u>Maria's mother (in tears):</u> "OMG, that was so terrifying! Thank goodness you caught her before she got to the road! I have been at wit's end trying to manage her since her Grandma Jo went into the hospital last week. I don't know what to do with her. I NEVER have, to be honest..."

<u>Staff</u>: "It sounds like you're feeling

____

with __________________

____

____

________________________."

Calming Skill 3: Debrief

In the "Green Zone", the immediate crisis has passed and we have an opportunity to debrief. As much as possible, involve the youth in the process. To debrief:

<u>Consider the following questions:</u>

- <u>Before</u>: "What was happening just <u>before</u> the crisis occurred?"
- <u>During</u>: "What else was going on <u>during</u> the problem?"
- <u>Missing</u>: "What <u>skills</u> or <u>supports</u> were needed to respond more effectively?"
- <u>After</u>: "What <u>responses</u> wo[illegible]ked [illegible] did[illegible] w[illegible]k [illegible] Wh[illegible] strategies might work bett[illegible]xt ti[illegible]? H[illegible] n [illegible]are [illegible]ur new plan with the other a[illegible]ult[illegible] in[illegible]vol[illegible]d?"

SAMPLE

Key Point 5. When youth are acting out because of stressful emotional issues, our first goal should be to help calm them down.

Giving space is useful when children are safe but too upset to talk and need to <u>decompress</u>. Active listening (attending, decoding, & reflecting) encourages them to <u>de-escalate</u> by venting to an adult who cares enough to truly listen. <u>Debriefing</u> can be used when youth and/or adults are ready to discuss better ways to handle future problems.

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Inspirational Quote from Dr. Haim Ginott

"I've come to the 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 tremendous power to make a child's life miserable or joyous.

"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 de-escalated or a child humanized or dehumanized."

Dr. Haim Ginott (1972). "Teacher and Child: A Book for Parents and Teachers."

SAMPLE

Acknowledgements

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More Information

For more information about this program, or to learn how to become a certified instructor in Therapeutic Behavior Management for Autistic Spectrum Disorder (TBM/Autism), contact:

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