

- Hello everyone

and welcome to Behaviors
Are Communication:

How the SLP can support students.

I am Maggie McGarvie.

I am excited to be here today

to hopefully teach you some new things

you might not know about
challenging behaviors.

This presentation is recorded
so they're not live anymore,

so I'm not sure if we have parents

or mostly SLPs, special educators,
occupational therapists,

the gamut of providers.

So let's get started with some objectives

to make sure that you
are in the right place.

So you are in the right place
no matter what your title is.

We are all humans and
a lot of us work with

or have young children,

where this information
might be able to help you

in those challenging moments.

So you are in the right place
if you wanna understand more

about what is happening to a child

when they're in crisis neurologically.

So what's going on in their brain,

what's causing these behaviors?

And then next, looking into the best ways

to support a student
and a team in a crisis.

So that's when you're in the moment,
in the difficult situation,
and what are the best ways you can help
and get that situation
resolved as fast as possible.

So then we're gonna talk
about some strategies
to deescalate and plan for the future.

So now that we're out
of the crisis situation,
what can we do to plan ahead
and try to get ahead of these behaviors
so they don't occur again?

Even though we all know
these behaviors don't go away
with a snap of your fingers,
or I wish I had a magic
wand, but they don't.

So how can we learn and troubleshoot
and figure out some new things we can do
to help support our
students or our children?

And then at the end I'm
gonna talk about some ways

to educate staff and parents

to create a neurodiversity
supporting culture,

and really help understand
this kind of biology

of what's going on and get
away from the using the labels

of naughty or bad kids.

This is really, there
is a biological thing

going on in their brain that
they can't always control.

I'm a firm believer that
no child wakes up and says,

I can't wait to ruin everyone's day.

No, they really, everybody
wants to have a good day.

Everyone wants to find happiness.

Some of these kiddos are
coming in with trauma,

with a lot of things
going on in their system

that they can't regulate

and they're feeling out of control,

which is why we're seeing these behaviors.

So if any of that sounds
interesting to you

and you'd like to stick
around, we will dive right in.

Just also a quick introduction about me.

I am a pediatric speech
language pathologist

and have been for about the past 16 years.

I've worked in three different states

in pretty much every
setting but the hospital,

so early interventions, private
practice, school systems,

preschools, really birth to 21 is my area

that I've kind of been in most recently

with the little guys.

So I have been trained

in therapeutic crisis
intervention, or TCI,

and also different restraint
and seclusion programs

in different states that I've worked in

due to the programs that I've
been provided services in

and kind of a little
more challenging students

and their behaviors.

Most recently, I've been trained

in the Handle With Care Training.

So these are all different
programs out there,

you can Google them.

They're basically a way to teach educators

about how to decrease behaviors

and how to really support students.

And then the seclusion and
crisis and the restraint

is when a student is
being completely unsafe

to themselves, others, and
you do have to do restraints.

We do not do that anymore.

That was my previous, a
different state that I worked in.

So I haven't done that
in a very long time,

but I have been trained in it.

For some financial disclosures,

I am receiving a small compensation

for doing this presentation for Ablenet.

And then non-financial,

I am a member of ASHA.

I am a New York state licensed
speech language pathologist,

and I am employed by a
local public school system,

and we do work with AbleNet
to provide AAC devices

for our non-speaking students,

but I don't receive any
compensation from them for that.

So, that's it for me.

I also personally have two
wonderful children of my own,

so I am a mom and I
love the Buffalo Bills.

It is October of 2024,

so I'm hoping maybe a
Super Bowl win this year.

We can say I predicted it, but we'll see.

So if I didn't lose anybody,

especially Miami Dolphins fans out there,

just some housekeeping
before I jump into the brain

and what's going on.

During this presentation,

I will be using autistic to
refer to the autistic community.

When I was in grad school
almost 20 years ago now,

we were taught person-first language,

so that's a person with autism.

And really the autistic community,

the autistic adults are
now coming out saying

that they don't wanna be
separated from their autism

and they see it as part of them.

And I firmly believe that autism

and a lot of other neurodiverse
conditions out there

are really a brain difference.

They are not a brain disorder,

as kind of looked in the
medical model in years past,

but we're getting a little more

towards neurodiversity
affirming every day I believe.

But I really look at these
things as brain differences

and how can we support these individuals

in an neurotypical society.

I also will be using he
or she interchangeably

as far as gender goes.

A lot of my stories and experience

just will relate to whatever the child

I was working with was.

And they're not necessarily,

I know more males are
diagnosed with autism,

but we're finding out the recent research

is showing that a lot more
women are better at masking,

so the numbers might be lower.

So I'm not getting into any of that today.

Just know he or she will basically be used

based on my own experience.

Then this is also a generic presentation.

I am not a psychologist,
I am not a doctor.

I am a speech language pathologist
with my Master's degree

who has done a lot of research on my own.

I've taken classes.

I am very interested in the brain.

I find it very exciting to learn about.

I'm a little nerdy like that.

And so these are from courses I've taken,

or studies I've read, my own research.

So by any means, if this is
something that interests you,

I always tell everybody
to do your own research,

look into things that
you are passionate about,

that you want to learn more about.

But I will say that this
is, I'm not a doctor.

So if you are still with me,

I'm gonna take a quick sip of water

'cause I am already thirsty.

But we are now gonna dive
into the presentation.

So facts, why am I even
talking about this?

I just said, I'm not a doctor,
I'm a speech pathologist.

What am I doing?

But I feel that behavior is communication.

We know this, we all know that children

sometimes show challenging behaviors

because they can't
communicate something to us.

Sometimes they don't
even know what they want

to communicate to us.

And so behavior is communication.

I believe as a society,
we need to be better

about being more curious and
figuring out what's going on,

versus just like I said before,

labeling a naughty child or a bad child.

Let's really start being curious

and figuring out what is going on.

In addition, the new research is showing

that nearly 20% of all young people,

ages three to 17 in the United States

have a mental, emotional, developmental,

or behavioral disorder.

So that's huge, that's 20%.

And this isn't talking
about children necessarily

that have individualized
education plans, IEPs, 504s,

this is just in general.

So we're seeing an increase in behaviors

and the mental health of our
country and other countries

is really an area that we
as adults need to look at.

How can we support the youth better

and really get ahead of this.

In addition, they found suicidal behaviors

among high school students,
increased more than 40%

in the decade before 2019.

And that was before COVID.

So after COVID, a lot of
students struggled with safety,

with fears, with anxiety.

So these are just some
facts that I have found

with a quick Google search of, you know,

our youth is really in trouble,

and so we need to figure
out what's going on

and how we can support them.

And if we understand
the brain a little more,

that could really help us.

Also, these behaviors are changing rapidly

and they're making it difficult
for teachers and parents.

So 9% of youth are estimated
to require some help

with emotional problems.

So these are gonna be the
kids in your classroom

if you're a teacher or if you're a parent,

this could be a child in your home

that you know is, quote unquote, typical,

but now they're having
these emotional problems

and having these big behaviors.

So there is just a really big increase.

So let's get to the bottom
of it, work through it.

This isn't the days of a long time ago
when I was in elementary school,
you just go in, you taught and you left.

Like no, and I know
teachers did more than that,

but now we're having, you know,

a lot of behaviors trickle
over from home to school,

and back and forth, and
there are so many issues.

And maybe I was just naive

and didn't know about
it when I was younger,

but in my 16 years working
in the school system,

in and out of it, I have
seen an increase in behavior

and an increase in
children who need support.

And my colleagues have
reported the same as well

of you know, what's going on?

So let's figure out what's going on.

All right, so with the
brain, so we're gonna talk,

use Dr. Dan Siegel's hand brain model.

So if you wanna Google that after that,

he gives so much
information about the brain,

and it's a really easy way to digest it.

And today we're gonna kind of talk about

the three main areas of the brain.

So if I start, really
bad with this camera,

but if you have your hand here,
my wrist is gonna be my brainstem.

This where my regulation,
my heart, my breathing,
it's called our reptilian brain.

It's been around the longest,
and it's just kind of our systems
that make sure everything's working right.

Then if I fold my thumb
down in the center,
this is gonna be my limbic system.

This houses my amygdala, my hippocampus,
my hypothalamus, lots of other stuff.

I said I was gonna keep it generic,
so I'm not gonna go into
everything this system does.

But this is really important
because when a child is in crisis,
this is a system that sends the response
to the reptilian brain to fight or flight.

So we're gonna get into that in a minute,
but it's really important
that this system is right
in the middle of our brain.

Then if we close our hand,
so it looks like that, we
have our occipital lobe,
our temporal lobe, our
cortex, our prefrontal cortex.

These are all the thinking
areas of our brain.

So this is where, you know,
speech and language is over here

in the temporal lobe,

we have higher level thinking up here

in the prefrontal cortex,

your occipital is your sight.

So different areas of the
brain house different systems.

So all of this is kind of in the cortex

and it's surrounding the limbic
system and the brainstem.

So what was gonna happen, we're
gonna go on to this slide.

And in a crisis, this
is this graph right here

is the therapeutic crisis
interventions graph

of what happens in a crisis.

So when a student is
over here at baseline,

this is kind of just every day.

Then this is triggering events.

So this is when something might happen.

A teacher might say, hey,
you have to share your toys.

Hey, you need to put your work,
your Switch away and do your work.

Hey, you need to do this.

These are the triggering events.

Then it's gonna escalate.

So you know, the student
might say no or refuse,

or have some sort of like mild behavior.

But then if the teacher keeps pressing,
we're gonna see the outbursts.

This is when the violence occurs,

where the kid throws the desk
back, spits at the teacher,

swears, elopes from the classroom,

whatever the behavior may be.

This is when this outburst here

is when the lid flips.

So now all this thinking
brain, all the understanding,

all this stuff goes offline completely.

Sorry, something just beeped in my house.

Offline completely in this limbic system.

The amygdala specifically is gonna come

send a chemical signal for fight or flight

to our reptilian brain, to our brainstem,

and it's gonna react.

This thing has been around forever

because it was what we used as humans

when we saw a tiger in the
forest, and we were cave men,

and it was like immediately you
can't think you need to run.

So nowadays it would be if
you saw a fire in your house,

your brain would go offline

and you would immediately
get out of that house,

'cause that's what you
need to do to survive.

So this is really important

because when you have a kid
that is in this crisis stage,

all of this is offline.

It's all offline, they cannot reach it.

So we're gonna go into

why that's such a big deal a little later.

But really, you know, speaking to them,

they can't understand it.

Their language centers of their
brain are offline right now.

They are really working
from the limbic system

and mostly the brainstem.

The really important part in this

is that this limbic system right here

is where we house our
meaning, our memories,

our really emotions are housed here.

So our attachment, our
experiences with people.

So I am a huge believer that relationships

matter so much to kids.

I will spend the first couple weeks

just getting to know kids,

making sure we have
some sort of connection.

I can vibe with them in some way.

I get to know their energy,
they get to know my energy,

and we really have this bond.

I know a lot of teachers,

there're amazing teachers out there

and other speech pathologists,

and we always say connection
matters and this is why,

because this limbic system
is what's housed this.

So when your kid is in a
crisis and can't grasp,

can't get to any of these thoughts,

these are closer, these emotions,

these connections are easier
for a child to connect with

than any other memories or logic of,

you are gonna miss recess if
you keep acting like this.

They don't care right now.

They can't think one and then the next.

So if they have a relationship with you

and you can be safe with them,

that is gonna be way more
meaningful than threats,

or hey, I'll give you
a lollipop if you stop,

which never a great idea.

But, so that's why this is so important

that we have these good relationships,

that this limbic system is
really connected to people

and has that attachment,

and those good experiences with everybody.

So also, in a crisis, this
whole hand brain model

is done on what you call a

neurotypical brain, okay?

So we get the stress signal
sent down from the amygdala,

like I said, for that fight or flight.

Our sympathetic nervous
system is activated,

which pushes on the gas pedal.

So now this reptilian brain is in charge,

and the hypothalamus then can
activate this stress response.

So it's called the HPA axis.

So just in case I didn't say it,

that's a little more
condensed than on the slide.

But that's important

because we're gonna talk
about the difference

between a typical brain,

a neurotypical brain and a
neurodivergent brain in a minute.

But before I do that,
I just wanna say again

that auditory processing is happening

in that frontal and temporal lobe.

So really in a time of crisis,

it's not, talking to the
kid is not going to help.

Yelling is not going to help.

So we'll talk about ways to deescalate,

but it's really important
for people to know that

and understand that the
kid is not ignoring you,

the kid is not being bad in that moment.

Yes, they're having a challenging behavior
that we all wish they weren't,
but they cannot process it right now.

They just can't.

It sounds like the Muppet's mom,
like (imitating Muppet noises)

They cannot process it.

So really try to remember
that when you are in a crisis

because it does help you kind
of empathize with the child

of, okay, it's not their fault

that they can't follow
my direction right now.

It's not that they don't want to,
which they might not still,
but they really cannot

from a biological
neurological point of view.

All right, so I alluded to it before,
but studies are now coming out
showing that the neurodivergent brain
is developing differently
than that typical brain.

So Dan Siegel did this all on a,
quote unquote, typical brain.

What they're finding is
the neurodivergent brain

has abnormal brain growth in
the first two years of life.

So before it was thought
that autistic children had

less neurons and less synapses,

less connections in their brain.

But now they're showing
that there's too much,

it's an overgrowth.

Which is why sometimes they have so much,

such a difficult time
regulating themselves

because they're getting so much
sensory input all the time.

They're getting so much output.

They might be making noises or flapping,

we won't go into everything,

but it's really because
there's too many connections.

Not only are there too many connections

because they had the
abnormal brain growth,

there are also abnormal
levels of various hormones

and neuroactive substrates.

Once again, I promise
I'll keep this generic,

but like serotonin, oxytocin and cortisol

and other hormones.

So when that limbic system
is sending these hormones

to activate the system,

you are getting an
abnormal level of reaction.

And then another study suggests

that the increased
reactivity to the HPA axis

to stress and novel stimuli.

What I mean by this is I
said that the HPA access,

once the neuro first
chemical process happens,

then they're gonna, it
activates this HPA access.

So now they're saying
not only do they have

more chemicals reactions going on,

but also it's suggesting

that they have an increased reactivity.

So something that might seem small to you
might set off this reaction.

So even though you're like,

well, why are you getting so
mad, I didn't do anything.

Or it's just you have to share a toy

or it's just one problem,

it's because they have an overreactivity

that their lid gets flipped
even faster than yours might.

So we really have to think about that

and think about

how everybody's brain is
different to begin with.

We also have to think about
the age we're working with.

Right now, I'm working
with really young kids,

and so that is very different

than when I was in a previous placement

working with 16 year olds,

because that prefrontal cortex,

that cortex in that young child's brain is barely developed.

It's just developing.

It's still like not even five years in sometimes.

So that is gonna have a very different reaction

than a 16-year-old.

So you really wanna think about, and like I said, if this interests you, do your own research to figure out the students you are working with, or the children you have at home, what might be going on in their brains that might be different than yours because we're all different.

So something that might bother me

doesn't bother somebody else and vice versa.

But if we know that,

hey, this autistic child is having a really big reaction

to these little things,

then maybe it's just this HPA access,

having an increased reactivity.

It's not him trying to be like super controlling

or something like that.

It's just his brain is literally flipping the lid

when you ask him to write his name for some reason.

So what can we do around that
to kind of decrease that demand
so that chemical reaction doesn't happen,
and the student is available for learning?

I hope this is all making sense.

I feel like I'm talking way too fast,
so I'll slow it down a little bit.

Alright, as I just alluded
to, anxiety and PDA.

So PDA is persistent demand avoidance,
or pathological demand avoidance,
or persistent demand for autonomy.

There are different kind of labels
depending on what you look at,

but basically PDA is coming
out as a profile of autism,

and it's really based in anxiety,

and that these anxieties,

this HPA access that I alluded to before

is really triggering fight or
flight for the littlest thing.

So I have a bunch of students,

this is an area I wanna
do more research in

'cause I find it very interesting.

But I have a bunch of students
who really have big reactions

to really small things or what
I perceive as a small thing,

and it's really their anxiety.

It's really, I read an article

that an autistic adult

just getting out of bed in the morning
was like her body fought her for it.
Like she had to fight to get out of bed,
even though she wanted to get up,
but it was a demand on her.
So anything that's perceived as a demand
really sets off this response in them,
whether for this woman, in
the article that I read,
it was a freeze, it was
fight, flight or freeze.

Her body would just freeze
when that demand of getting up,
even though she did it every day,
and she had to kind of really
work through her anxiety
in this persistent demand for autonomy
to figure out how she could, you know,
better herself and make
it easier on herself.

So it's just another
thing to be curious about.

You know, if you have
a student who really,

we used to teach, or I
used to teach, you know,

if there's a big problem,
you can have a big reaction.

But if it's a small problem,

you have to have a small reaction.

And now the neurodiversity
affirming community

really thinks, you know, who am I to judge

what's a big problem to you,
and it's a small problem to me?

For some students, you know,
forgetting your homework,

I'd be like, it's just a
glitch, medium problem.

You know, you can bring it in tomorrow.

Not a big deal.

Where it sent their anxiety over the roof,

they know they didn't,

they weren't gonna get
credit for it right now,

and they were just so disappointed

and frustrated at themselves
for forgetting it,

and it ruined their whole day.

It really did ruin their
whole day where I was like,

come on, let's just get over it.

Like that's not fair.

You can't put how you would react

in a situation onto someone else.

So really thinking about,
I hear it all the time

where I work of, you know,

come on, we gotta move
on, it's not a big deal.

Instead of maybe saying
it's not a big deal,

like you are safe, you are gonna be okay,

we're gonna get through this.

And working through it that way,

because when we are putting
our beliefs onto children,

that is maybe causing some anxiety.

If we say, hey, it's not a big deal,

but inside they're feeling

this vague reaction and all this stress,

that's teaching them that
that's a little thing.

That's not a little
thing, that's a big thing.

So we need to really work on our wording,

and I am guilty of it too.

No one is perfect.

So it's just something to
kind of really be aware of

and be thinking about that.

You know, why are you doing this?

You're gonna miss recess,

you're gonna, like all these things.

Like what is the trial
trying to communicate,

or what do you think could be going on?

Getting curious about that.

Like, oh maybe they're hungry,

maybe just they can't
write their name that day,

maybe their hand's hurting, I don't know.

So really kind of looking
at it more of what can I do

to support this student?

I know teachers have a
thousand things going on,

parents have a thousand things going on,

so nobody is perfect.

We're all gonna, you know, have
to deal with these behaviors

and kids do need to do work.

I'm not saying we give in to every demand,

but we do need to be respectful

and kind of really start
thinking about, you know,

what is this child
capable of in this moment?

If they seem to be having

a lot of anxiety or control issues,

can we back off a little bit

and can we get it done a different way?

I don't know, you'll have
to figure that one out.

So what does this have to do with you?

Why did I go through that 20 minute

probably way too quick
spiel about the brain,

is really to have you understand

that we can be understanding
and empathetic,

to really think of this as a biological

and a neurological issue going on,

and not this kid is mean or naughty.

And it helps you control yourself.

So if you can kind of remove
your bond with the student,

remove yourself to be
like, this is just a crisis

and I am gonna be in control of this,

then it will help you
kind of calm yourself,

versus you know, getting emotional,

being like, what did I do, and
worry about your situation.

Excuse me.

It can really help you

kind of work through some of these things.

Also, just a side note, I
don't know who said this,

but if I find out, I
will credit the person,

but an elevated adult cannot
calm down an elevated child.

So we need to really remember that.

If there is a situation

that you just have been
dealing with all day,

like I said in this, the
graph, the TCI graph,

where it's the triggering
event and an escalation,

if this kid has been escalating all day

and pushing all your buttons
too, you are elevated as well.

So you are not going to be
able to control that child

because when that child
pushes the desk at you,

or spits at you, or swears at you,

you are gonna react and
you're not gonna be able

to come from a neutral place.

So really working with your team.

In a previous placement I worked at,

we had a student who

would spit all the time,
and one teacher in particular,
just that was a trigger for her.

She hated spitting.

So when the student was escalating,

she was trying to
deescalate it, trying to,

but if he got to a point of
spitting, she had to tap out.

Like especially if it got on
her, it just was not her thing.

So when anybody in the
room would kind of see him

start to spit, it was like, okay, switch.

Like this has to be a switch

because she's not gonna be
able to work in this process,

in this situation at her best.

Could we always do that?

No, but if you talk with your team,

if you're in a school and
you have support with you,

TAs are amazing.

Even your boss, like
talk to your principal,

like I'm out, I need your
help, I need support.

It's okay to ask for help.

Talk with your related service providers

and really kind of figure out, you know,

who does what really well,

who does what in different
situations and work together.

Because if someone's elevated,

it's gonna make the
situation really worse.

So we have the outburst now,

so the kid's been escalating all day,

and finally we have the violence,

we have the outburst, and
safety always comes first.

That is so important to remember

that you have to check your emotions,

you have to check all
your baggage out the door

and really remove harmful items.

This is Chromebooks, scissors, pens.

It's amazing what children
can make into something

that they can hurt someone if
they chuck it across the room.

Unfortunately I have seen
AAC devices get thrown

and injure people, so.

They are heavy, they are cumbersome.

You never wanna take
away a student's voice,

but if they're being to the point

where they could hurt
themselves or someone else,

you have to,

you really have to keep yourself
safe and the student safe

because that's always our
responsibility as adults.

And co-regulation, like I just said,

you really need to check yourself.

So you can co-escalate the situation by,
you know, if a kid chucks a chair at you
and you start yelling at them,
or think about an argument
you had with your spouse
or a significant other,
or even a friend where you
both are going blow for blow,
like you're both amping up.

No one is gonna, that's gonna
get worse and worse and worse.

So you have to check yourself
and really be able to co-regulate.

That means you are gonna
be really regulated,

really calm and in control

so that student will pick
up on what you are doing

and be able to kind of mirror that
as they come down out of their crisis.

Another important point is
teaching will come later.

So we're not gonna start
listing consequences.

You threw that chair, now you miss recess.

You dumped that whole desk of
stuff, you have to pick it up.

This is not the time,
because like I said before,

their thinking brain is
offline, they're in that moment.

There is no future, there
is no past for them.

That whole concept of

time is out the window.

Sometimes behaviors can last,
you know, a minute, 30 seconds

and sometimes they can
last a really long time.

So you want to stay in the
moment as much as you can.

It gets really difficult when the behavior
lasts a long time.

And so it might be a time

where you might need to
check out with somebody else,

because as the child keeps
amping up their behavior,

as much as you're trying to stay calm,

they could say something,
they could throw something,

they could injure you,

and you need to be able to keep calm.

So it's important to remember your,

the child can feel your
energy if you have this like,

oh, I'm gonna get you
energy coming at them,

that is gonna be fearful

and they can sense it even
if you don't say anything.

So really the goal is to just
kind of calm the child down.

We're not gonna do punishments,

we're not gonna do consequences.

I know all of that has to come later,

but right now the goal is always

in the initial outbursts is safety.

You may have to remove students,
you may have to remove everybody else,
but your team will work with that
however your district, or your school,
or your home sees fit.

Okay, so the deescalation techniques
that I have found to be super helpful
and really work through
the best in these crises,
the first one is to slow down.

So if a student is amping up, you know,
we kind of give eyes at each
other in the room of like,
uh oh, this one might not
be able to be avoided.

Everybody starts to slow down.

So I'm talking my speech and my movements.

I might need to move quickly

if a child is trying to
elope out of the hallway,

obviously I'm not gonna walk
nice and slow to get them.

I'm going to you know,
get them to a safe area,

but then I'm gonna really
slow down my movements,

I'm gonna slow down my speech
and decrease the language.

The language brain is offline right now.

So this is a good point
if you have visuals,

a lot of schools, you know,

on their teachers will have

lanyards with visuals on 'em

for a stop, or calm body,
sit down kind of directions.

That way they don't have to use
verbal language with a child

and those can really be helpful.

I've had them thrown at me when
you try to show a child one,

so sometimes they're not as helpful,

but you're going to do
what works for you best

in the situation, what
works for the child best.

This is when we do start talking,

we are gonna stick to the facts.

We are gonna say you are safe now.

We are gonna tell them
that you hurt a friend,

or you had an unsafe body
so this is why you're here,

if they're in a new location

because a lot of times when
a student is coming down,

they don't know everything they did,

they don't know why they did it.

They're having all this
regret, all this shame,

all these big feelings.

And so like I said before,

this is not when we're gonna say

it wasn't a big deal and you overreacted.

We're not gonna put how we view,

oh sorry, how we view
the situation onto them,

and we're gonna remind
them that they are safe.

You're also gonna have a
non-threatening stance.

So if it's safe and the
child is calmer now,

you might go sit next to
them or sit near them.

A lot of times, even during the crisis,

I'm always amazed when I
work with the little kids

how big everybody is.

I'm not a big person, and I,
you know, we tower over them,

especially you know, if you
have a little 3 or 4-year-old

with this really big
behavior, that's scary.

And then all these adults
around you, that's scary too.

So if you can kind of have
a non-threatening stance,

back up, be very relaxed
and use your relationships.

These really matter.

So a lot of times in a
program that I was in,

as a related service provider,

SLPs have a great relationship,

and a big benefit to our job

is that we see kids one-on-one
or in a small group,

and it's a small chunk of time.

So we aren't that teacher

that's been putting

demands on them all day

and watching them go up, up, up.

We are a new face.

So I have been called
in in crises to say,

hey Maggie, you know,
Johnny's having issues,

can you come in and try to help him?

And so if I come in and I'm
like, hey what's going on?

Sometimes that's enough

of a new person with a strong relationship

to kind of pop the kid out of it

and make them kind of
rethink what's going on.

Other times I've gotten
stuff thrown at me,

or sworn at or spit at,

and in that situation I'm not
necessarily gonna be like,

nope, didn't work, I'm out.

No, I'm part of the team.

And so SLPs, we can still
stay and support the team

and be like, okay, I'm a
new person to the situation,

I'm not exactly sure what's going on.

So I might be able to ask questions

and kind of deescalate
this child a little faster

than someone who all day has been,

you know, getting frustrated.

And it's nothing against teachers,

it's nothing against anybody.

We are all a team.

I've had situations
where in the speech room,

students have had kind of
crises or challenging behaviors,

and I had to call for backup.

So you know, you really have
to remember you are a team.

Same with parents at home.

If you have a child who's
been home with mom all day,

and dad comes home and mom's like,

I can't anymore, that's okay.

We all are human

and we all have our own emotional systems

that we need to regulate.

So really kind of working
through your relationships,

not only with the child
but with the team of,

it's okay to say, you know, if
someone who I was close with

and working with me like,

hey Maggie, you're getting
a little escalated.

I need to be able to be
like, okay, I respect that.

Thank you, I'm gonna back out.

That's hard.

And I will say that,

that I've been in this
situation on both sides,

and it can be awkward,

it can be difficult,

but it needs to happen

for the safety and the best
benefit to support the child.

So work with your team, talk about it

of who's gonna do what,
who can handle what,

who's really good.

Like if you have someone that, you know,

I've worked with some
of the most amazing TAs

who literally their face can just kind of,

and they can read the kids
so well of should I be funny,

should I be serious?

Should I be sad?

Sometimes if you act like you're sad,

kids are like, what's wrong?

And then they pop out of it.

So it's just really knowing your kids,

knowing what's gonna work,
and having those relationships

that does really help in
these challenging moments.

You are gonna reflect
later in the day as well.

It does take about 20 to 30 minutes

for a child to calm down after escalation.

So you really, you don't want to,

you got the child to calm,
you got 'em regulated

and now you wanna say,
so you threw a chair,

we need to go back to the
room and pick up your mess.

That might not be the best time.

So you are gonna think about, like I said,
what level is your child's brain at?

Like where are they in understanding time,
understanding what's going on?

Unfortunately I have been in situations

where students have a
really challenging behavior,

then they have to get right on the bus.

That is not ideal

because you want to try to
reflect later in the day.

Kids will forget the next day,

or they'll have kind of
a foggy memory of it.

So it's really important.

If you can't, you can't,

and sometimes things just happen.

But if you can, you wanna try to reflect.

So you're gonna think about
where your child is at.

Can we do a flow chart
of okay this happened,

you were frustrated.

This happened, you got more frustrated.

This happened, you threw a chair.

And then what happened,
and how can we fix that?

Where can we go back in the timeline

and really think about
what can we do next time?

Sometimes you can do this with the child,

other times it will more
be your team can do it.

But I will say I've worked
with some really young children

who were non-speaking who had AAC devices

and weren't even using them as much yet.

And we were able to at least
use pictures and kind of say,

you know, you hit a teacher
and then you got upset,

and then this, and kind
of talk through the day.

And so then next time a
lot of kids understand,

you know, first then boards.

We use those, you know,
first we're gonna have math,

then we're gonna go to gym.

So instead of just first math, then gym,

we might have safe hands in math then gym.

So giving the students
something to remember

what they can do to support themselves

so that doesn't happen again.

A lot of times break cards are
really good to teach children

where if they're not speaking,

you can just have it on their desk,

or they can use their device for it.

But really kind of giving the child

some sort of control
to say, I need a break.

And then you have to honor that.

So you don't, if the
child requests a break

after you've taught them, you know,

a lot of times kids won't know

when they need a break at first.

So you really have to teach 'em

when you start to see them
getting frustrated or antsy

to say, oh, let's take a two minute break,

and teach them how to use it.

But if that child does come
you and say I need a break,

you can't say, in a minute.

No, that's not what that's for.

So you really wanna respect
the things you teach

and make sure that you're
using them appropriately,

and give the student that safety

of knowing that if they
communicate something with you,

you are gonna honor it.

So this is also goes along with, you know,

teaching no, and teaching
kids to say stop.

A lot of times when I'm
working with the younger kids,

I'll have on their devices, stop Maggie.

Like stop, and then they'll hit my picture

so they can learn to tell me to stop.

So you know, if I am playing with a toy,

they, you know, if they're

doing a put in activity

and they're putting stuff
in and I start doing it,

and they start putting their back to me

'cause they don't want me to do that,

that's when I'll model like
stop Maggie to show them,

that okay, if you tell me to stop,

I'm gonna respect that.

And teaching these kids these things

to be able to support
themselves as they move forward.

An older child might already know that,

and so then if they ask you to stop,

you are gonna have to stop.

If it's something that
they need to get done,

it's okay to say,

hey, we can stop but we
will need to do this later.

Or but tell them why.

Tell them why it's important
if they're a little older

and can understand all that.

It really depends on the
age you're working with,

and like I said, this is really generic,

so it will, some of the stuff
might work better, might not.

But you wanna reflect later in the day,

talk about what happened
with the student if you can,

definitely with your team,

and kind of troubleshoot
some of the things,

maybe you could get ahead
of for the next time.

That was a lot.

So what are the things you can do

to try to get ahead of this?

And I will personally admit, I
was a hater of this at first,

I thought it was really silly

and I didn't feel it was authentic,

because the kids, one
of my other placements

would do it at morning
meeting, at afternoon meeting,

all throughout the day.

If you walked into our building,

everybody knew what keep calm was.

So it really, I thought
it wasn't authentic,

like, oh, everybody just kind of does it.

But then I saw it in action,

and I'll say I was completely wrong,

because if you practice calming techniques

when a student is at baseline,

this is how they will be able to access it

when they're in a crisis.

So think about it like driving your car.

When you were first learning
how to drive your car,

you did it with the music off,
windows up, like 10 and two,

like really serious driving.

And then as you become more relaxed,
you now can drive windows down.
We all have a million distractions,
won't even go into those.
But now you know what to do
because it's just become
automatic for you.
So if we can get this keep calm,
this way to kind of help
yourself in a crisis situation
into their system
where they kind of just
memorize it and know what to do,
they will be able to access that faster
when their thinking brain is offline,
because it's gonna become a memory,
it's gonna become have meaning to them,
and so it'll be a lot
easier for them to access.
So you're also, like I said before,
practice advocating for
themselves prior to a crisis.
So like I said with the girl,
with the putting her body away from mine,
really kind of teaching
these things in a safe way.
You know, was I gonna steal the can
that she was putting stuff in?
Was I gonna do anything big?
No, but I was able,
I'm trying to teach her
when she's really young

in a very safe environment

that her saying stop has a
meaning and will be honored.

So this is on a device, this
is also for speaking children,

obviously using pictures
like the break cards,

you're gonna really try to
teach children strategies

before they get into these
challenging behaviors.

So what is keep calm?

Keep on calm was a five step kind of task

that the kids did at morning meeting.

So they have to tell themselves
to stop, count to 10,

take three deep breaths,
give myself a hug,

and then I am calm.

So like I said, I don't have
my Velcro in front of me,

but this was, you know, on a Velcro strip

where the student had
to match pictures to it.

This was all all over the
school, you know, on the wall.

Just kind of reminding kids, you know,

this is how we keep calm
in this environment.

A great way to also teach
this skill is video modeling.

So this would be, I tell myself to stop.

(Maggie deep breathing)

Okay, that's a weird way to end it.

But so video modeling is

also kind of a new-ish thing
in the autistic community,
and also in general for
teaching children new skills,
and research is really showing
that it's a very effective
way to teach this skill.

So this here obviously
was me doing keep calm,

I have a video of it,
I don't talk during it.

They should know what it is by this time.

You know, you can talk
them through it obviously

when you're first using
it, or something like this.

Obviously you're free to come up

with your own keep calm
or whatever strategy

your school system has in place.

But if you can, you can wanna get a video
of your child doing that.

So if you can get that exact
child in morning meeting

when they're at baseline and happy,

kind of doing all the steps
and take a video of them.

A lot of times we had iPads at
one school that I worked in.

A lot of people also have
their phones on them.

So if it's okay with the parents

and you can keep it on your phone,

this is a great way when
they're starting to escalate,

and you're like, hey, I think
we need to do keep calm.

They might be like,

no, 'cause they're already
starting to like flip on you,

where like you get out your
phone and show 'em a video

or show 'em on the iPad,

this is just a reminder to
them that they can do this.

That it is okay, that they are safe,

that they have been happy in the past

and that they're gonna be okay.

So this is a really good way

to kind of teach them if you can get them.

Kids usually love to show off.

I have, or I had lots of
videos of kids doing it,

and I'd be able to like
search through my phone

and show it to 'em, you know,

when the crisis started getting
or if they had an outburst.

Kids are so motivated
by technology these days

that they would like look
immediately to the phone

when they saw me kind of whip it out.

So really let's use the
technology to our advantage.

You obviously have to
get rights to have it

on your own personal
device, but get consent,

I mean from parents.

But this is a good way of,

even if you have a picture of
the child happy and smiling

and you can show them,

this is another co-regulation technique,

where if they see themselves, you know,

happy and calm and smiling,

it kind of sends a signal to,

oh, that was a lot better
than what I'm doing right now.

So this is another great way
even teaching a new skill,

whether it's a calming
strategy or a behavior based,

or even, you know, a puzzle

or a following directions activity.

Definitely research video modeling.

So what else can you do?

You can educate your staff and
parents about neurodiversity,

tell them about some of
the brain differences

and how, you know,
these chemical reactions

might be happening bigger and more often,

and the child can't control them.

So we also want to teach students

if they are old enough about their brains

and how to control situations.

Affirmations are a big thing right now.

Like I said, I work with the
little guys in one classroom.

They look in a mirror and they
give themselves a high five,

and they say, I am calm,
I am safe, I am loved,

I am whatever it may be.

Starting to get these programs

into the child's brains at a young age

to have them really be able
to feel good in their skin

and understand what's going on.

And then it might seem silly,

but you know, when they're in a crisis,

if they can remember
I am loved, I am safe,

that's really important.

So obviously if you're
working with older students,

you can go into a little more detail

about the hand brain model and
be like, uh oh, this is gone.

And even just pointing to
it to an older student,

I had kids that would be like,

oh, like there she goes again
with her brain and hand.

So you really want to
work with your student

at whatever level they're at

to help them kind of
understand what's going on.

And you're gonna wanna
keep boundaries similar.

So it's really hard.

We all know there are

different roles at school

than there are at home and
there's different, you know,

rules in the speech room

than there are in the classroom, you know?

So we really want to be aware of that.

I will say I've had my issues with this

because I have a lot of energy.

I'm always trying from
the minute I get a kid,

to the minute I drop 'em
off, and anytime in between,

to get some sort of connection,

get the most out of my time with them,

'cause it is limited
where if I have a student

who I pick 'em up and we hold hands,

and I say, "Ready, set",
and they say, "Go".

And I can get him to say "Go" and "Stop",

by running down the hall five times,

then as an SLP I'm like, that's five goes,

that's five initiations.

I am starting off this session so strong.

But I had a coworker who came at me

or but who came up to me and said,

you know, you can't do that anymore,

because now he's running away from us.

And so I had to really
eat the humble pie of,

I'm so sorry, he was not
able to have that boundary,

that it's safe with me with one person,

'cause it was only him and I,

and now he's running away
and that is not safe,

especially when they're in a big class

and there's not enough hands.

So I had to apologize
and say I will fix this,

and you know, kind of
think of a different way

where I could maybe jump to the classroom,

or walk backwards, or bear crawl,

or do something that would slow him down

so he didn't think, oh,
I can run in the halls.

Because like I said, you've
gotta work with your,

know what level you're at.

Because for this kid, those
boundaries, they didn't exist.

So we all had to really
work to be on the same page

and to make sure that, you know,

this student knew what was expected of him

to be safe and keep him regulated,

because the next time he tried to run

and someone said you
can't, that set him off.

So you know, we all are
learning all the time.

Nobody is perfect.

So you know, really talk with your team,

talk with whoever you're working with,

and be able to say, oh
sorry, I'll fix that,

and I need to be more aware of that.

For some kids, no problem.

We do it every day to speech,

and they just know when they see me,

and that's okay, that works for them.

But for this one student, it did not work.

So I kind of had to change that
and had to have a, you know,

heart to heart with the
teacher and apologize.

So work with your teams.

It's like I said, the relationships
with the students matter

but also with your team.

And if you're a parent with
your significant other,

or grandparents, it can be hard.

I am a single mom so I am on all the time,

but if my mom comes over,

she's got no boundaries,
and my kids know that.

So, you know, even in a familial setting,

really boundaries are hard for kids

and we need to try to support them

so we're not confusing them.

Alright, we are almost done.

Thank you guys so much for
hanging in there with me.

The next thing we're
gonna quickly touch on

before I finish up with you guys

is what can you do to plan ahead?

So we kind of went over the brain,

we went over ways to deescalate,

kind of some things you
can do about education,

whether it's with a
student or with your team

or with your school system.

But now what can you also do to plan ahead

to get ahead of these behaviors?

You're gonna wanna know
what are your situations

where a child might show
a challenging behavior?

A lot of times autistic children

have a really hard time with transitions.

And to be honest, we all,

I feel like as humans
are terrible with change.

Nobody likes change.

So transitions are really hard,

especially moving from a
preferred activity, say gym time,

to going to reading centers
or whatever it might be.

This is a hard transition for them.

So what can we do to kind of support them?

We know this is gonna be a time

where they might have
a challenging behavior,

so should we use a timer?

Those are really great to
kind of give them warnings.

If this is gonna happen,
this is gonna happen two more minutes,
and then you know, Jim's going,
is it gonna work all the time?

Absolutely not.

But if we can kind of
try different things,

a lot of this is trial
and error to figure out

what is gonna work for each student.

Another thing you can
do is visual schedules.

I am a big believer in that

because I like to have my own schedule.

I like to have my agenda for
the day, know who I'm seeing,

know what I'm doing,
planning everything out.

And so if a student, you
know, might just be able

to see their visual schedule,

or I've had a lot of
kids that are hyperlexic

who you could just write on a whiteboard,

you know, their schedule and
that would be fine for them.

Or you know, kids who take it off

in more of a teach training model,

and then have to put
it to the next center,

so they would take it off the gym,

or take their card off their schedule

and then bring it back to the classroom

to put it in the location
they're going to next.

So there are a lot of
things you can look at

with visual schedules, with timers

to kind of really help
with those transitions.

And also, you know, can you play a song,

or you transition, can you sing?

Can you, a lot of times
with the older kids,

like can they, you know, put in an ear pod

and listen to a song

while they're doing a
difficult transition.

It depends on where you are,
how old your children are,

but just some things to think about.

Be creative, talk with
your administration,

talk with your team members
about what you can kind of do

to help with that,

if you know, that's a difficult time.

The other one are triggers,

so what is a trigger for your kid?

I worked with a student who's sharing

was impossible for him.

It was such a trigger. He
just hoarded everything.

Everything was his, not only
if he brought it from home,

but also anything in the
classroom if he wanted it,

it had to be his.

And you can imagine in a
class with other students,

this was very difficult.

So we really had to work as a team

on how to kind of really
get him to a point where,

you know, he could be in the classroom

and functioning without seeing
somebody else have something,

and him deciding it's his,

and you know, getting triggered

and going and hitting that kid.

So we really worked with the team,

we worked backwards to kind of, you know,

okay, you come in, you
pick what toy you want

for morning time and that's yours.

Of course, then you have
your student who then goes

and wants to grab it from him

'cause he wants to see
him have a big reaction.

So those behavior
dynamics in the classroom

are also interesting to work with, I know.

So we had to kind of
put up a mat in an area,

not to seclude the student,

but so somebody else couldn't
just run by without him seeing

and grab something.

So once we had him in a safe

spot, he knew what he wanted,

he couldn't really see
what anybody else had,

so it didn't make him jealous.

Then we started with,
you know, at speech time,

I would go in and maybe
bring a similar toy,

and then be like, hey, let's
switch for five minutes,

and set a timer, and then
he would get his toy back.

And then kind of working through that,

to then, okay, let's now do
it for a longer period of time

or do it with someone
who doesn't know as well

to eventually doing it with a
peer still in that secluded,

you know, safe space.

And then, you know, then
the other peer now realized

he wasn't gonna have a huge reaction,

so he wasn't trying to
grab it all the time.

And then he kind of became more
acclimated to the classroom

and to being like, that's mine.

In learning those words,

teaching them in that
small safe space as saying,

no, I'm not ready, or I want it back,

and giving him that words,

a way to communicate what he wanted.

So you got to think about,

what are your triggers?

Are they the transitions?

Is it a certain time of day?

Is it math time?

Is it, you know, everything
seems to go wrong at like 2:30

unless it's playground time
right at the end of the day

where everybody's tapped out.

So what are the triggers

and what can you do to
change maybe your schedule

or to change what's going on
in the classroom or at home

to kind of maybe decrease these triggers

so we don't see the challenging behaviors?

Another thing that was really
big in a placement I worked at

was the five W's.

So that's where is the child
going, who are they going with,

what do they have to do,
when will it be over,

and what comes next?

So where are they going?

So these really help a
lot of autistic children

with you know, the control,
that anxiety, that PDA piece

of understanding what's expected
of them and kind of why.

Like why do I have to
sit there and do math?

We just say 'cause you
do, like it's math time.

But like, oh, because you like money
and you wanna buy more fidget toys,
so you need to learn
how to count your money

to buy your fidgets, if
a child understands that.

Some children don't,

and then explaining the why
is a more difficult question.

But a lot of times if you can tell a kid,
if a kid understands where they're going,
like okay, I'm going to music class.

Who am I going with?

I'm going with my class, maybe my TA.

And if there's like a preferred TA,
if it's a difficult, you know,
it's a little bit of a trigger in music,
maybe a preferred staff can go with them.

What are we gonna do?

Today we're gonna play
xylophones and sing some songs.

And when is it over?

So if that's really important,

if that's difficult for a child

to be sitting for a long time

or for understanding
their an eloper, you know,

having that timer of,

okay, we're gonna be there for 25 minutes.

And then what comes next?

So then after, it's lunchtime,

or then after we go to the playground,

or we go to reading time,
whatever it might be.

A lot of times understanding
those five questions

for children really decrease
the behaviors that we saw,

because they knew what was expected

and how long they were
gonna have to do it.

Now, say 25 minutes of music
is way too long for a student,

then maybe it's 25 or 10
minutes and then a break,

and then we go back to music
for another 10 minutes.

So then during that break time,

that might have to be written
out on a visual schedule.

And so during that break
time, whether it's a walk,

or you know, if you have a
sensory room or something,

they get that five minute break,

because you know that
that's a really hard time

for them in music.

Does every kid in the class need that?

No, but that's okay.

We really need to look at
each child individually

and what do they need in that moment?

Is that getting out of it?

A lot of times when I talk about
these things with new teams

or different staff that might
not have had much experience,

they think, well the child's
just getting out of work.

They're getting out of it,
they're getting out of it.

But my question always back to them is,

what are they getting out of
it if we don't do these things?

The goal is always for
a child to be regulated,

mainstreamed, included in the
classroom as much as possible.

But if we don't give them these supports,

they're not going to be able to,

because they're gonna show all
these challenging behaviors,

and then they're gonna
be kicked out of class,

or they're gonna have an
issue in some other area.

So they're gonna now have
a big outburst in music

and then none of the kids learn.

So really looking at it is
these are supports for children.

These are not crutches,

these are not kind of ways to help them

with a lot of things, it's
building that relationship.

You know, that TA that
they go on the walk with,

that's five minutes that those
two, you know, have a bond.

That's a safe person for
them in the classroom.

That's so important.

So we wanna make sure

that we're kind of being
open-minded about this.

Like I said, I'm not trying
to get kids out of everything

to just avoid the challenging behaviors.

They're gonna happen,

we're gonna have to push
the limits sometimes,

we have to teach them.

But if we have taught
them these things to,

for example, ask for a break,

and then you know, you have the situation

where then they don't wanna
come back from the break,

what are you gonna do?

Then we need to have a
conversation with them,

you know, once that
situation's resolved of,

you asked for a break
but you didn't come back.

So how can I trust you
to take a break again?

And so really kind of figuring out a way

that you can work with kids

that might be for a little
bit of an older kid,

but with the younger kids,
do you need more visuals?

Do you need more breaks
throughout the day built in

so they don't have to ask for it,
and then they learn to come back faster.

So there's a super complicated, I know,

I might have left you with
more questions than you had

in the beginning,

but it's really important

to kind of try to really
step back, watch yourself,

understand your children from
a neurological point of view,

but also behavior.

Teachers that are listening, or SLPs,
you know your kids inside and out.

Parents obviously, you know your kids,
who you know what's gonna happen,
what's gonna be their go-to.

If you can predict it,

then you can get ahead of it,
and I know you absolutely can.

I do have a bunch of resources here.

These are just from some
of the different slides

that I went through or
where I got my information.

I wanna thank all of you guys listening.

I am on Instagram at YourathomeSLP,

or if you wanna email me
at yourathomeSLP@gmail.com.

I post a lot about neurodiversity

and kind of behavior,
momming, life itself.

So feel free to get in touch with me,

especially if you have any questions.

I would be more than happy to answer them
or connect with you guys in any way.

So thank you again for
coming, and have a good one.