

# Mental Health Promotion in the School Setting ECHO<sup>®</sup>

## Session 4 Notes and Resource Sheet



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### DIDACTIC PRESENTATION

#### **Trauma Sensitive De-escalation**

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[Recording](#)

[Presentation Slides](#)

### CASE SUMMARY

We explored the case of a 5yo male in kindergarten that has recently been diagnosed with anxiety disorder, has limited functional communication, and was recently moved from Gen Ed into a hybrid Special Ed classroom. He engages in disruptive behavior that includes physical and verbal outbursts, as well as echolalia, appearing to mock his peers.

### KEY QUESTION

- What are some approaches to help this student engage with others with his limited functional communication (social skills activities in a group setting)?
- Taking into consideration the structure of the special education classroom (hybrid of FLS, Resource and Behavior Intervention) what are some recommendations to individualize this student's plan, with various external factors creating distractions and barriers to his success?

### CLARIFYING QUESTIONS

Can you make sense of the echolalia? Is it immediate or is there a delay?	<i>It is immediate, it doesn't relate to anything. He does seem to want to communicate but he doesn't know how. Staff steps in to assist him.</i>
What is his sentence length?	<i>If he is in a good space he can say sentences that are 4-5 words, but if he is struggling he can get out 1-2 words. He does use PECS for communicating as well.</i>
You mentioned a white board, does he use this to communicate?	<i>He can't write yet, but he does use the whiteboard to draw his house. He draws the same thing every time, and he uses the same description of his house every time, the story is word for word.</i>
What is communication like with the parents?	<i>The parents are very involved. At home they report that he cannot control his body, many refusals and non-compliance.</i>
How do peers respond to him?	<i>In the regular ed setting he was mostly ignored; the other students would get tired of his noises and disruptions. In the functional life skills class, they get upset and tell him to stop. They are all working on communication skills, he has one peer that he seems to target that will also check in with him and ask, "will you be kind today?"</i>
When he had a Psych eval, did they consider a diagnosis of autism?	<i>He does seem to have a lot of characteristics of autism, but it was ruled out.</i>
When peers ask him "are you going to be kind?" does it have any impact on his behavior?	<i>If it is in the morning and he is in a good space, yes. As the day goes on he can't manage, when peers talk to him he will just stick his tongue out at them.</i>

## KEY RECOMMENDATIONS

**Do not be afraid of reinforcing the challenging behavior, as counterintuitive as it may seem, building trust and building a strong foundation needs to precede our desire to correct.**

### Communication

**Use opportunities to assist with language by stories, picture boards and peers to coach with language.**

- There is a fund of functional gestalts, such as taking turns, sharing, and initiating.
  - (This is how we... It's time to go to...)
  - <https://communicationdevelopmentcenter.com/the-natural-language-acquisition-guide-echolalia-is-all-about-gestalt-language-development/>
- Consider a brief home observation to learn how he communicates in his most comfortable setting.

### Support Positive Peer Relationships

**Show and model communicative effects, especially in small groups and with pictures.**

- Use peers to coach.
  - Article on peer supports/coaching for paraeducators: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9201695/>
  - Peer mediated instruction module: <https://autisminternetmodules.org/m/473>
- A regular ed kiddo a grade or two above him could be more effective than a special ed peer his age.
- Build empathy and acceptance through role modeling and with peers. Consider word choices such as, "We in this room work to be Kind and we hope you will join us," so it is more like an invitation.
- Encourage others to use I statements, like "I feel sad when you swipe my paper off my desk."
- If you use the zones of regulation in the classroom, have his peers use that language.
  - Are you in the green zone?
- Repair relationships if harm is being done - sometimes peers carry that around.
  - Consider a reflection exercise, "How did I make my friend feel?"

### Emotion and Sensory

**Validate his emotions - he could be quick to anger if he is seeing the other kids using good emotional regulation when he himself struggles with it.**

- Leverage the success he has had in the small room. Introduce a control aspect there, such as allowing him to invite a peer into the group.
- Build in routine, such as before and after transition time, with things that regulate his nervous system. Use techniques such as mindfulness, breath work, sensory bins or leverage his tactile strengths such as drawing, building, and playing with fidgets/putty. He may learn to be able to access those skills when he is not regulated.
- Consider a sensory classroom.

### Evaluations and Screenings

**There may be markers for the autism spectrum however during testing there is a high bar. Whether he has a diagnosis or not, techniques that work for ASD kiddos may be appropriate here.**

- He also has exhibited some behaviors of ADHD – low impulse control, high energy. Consider asking the parents if they have had an assessment for ADHD. Medication may assist in making him available to learn.
- Auditory Processing Disorder and Sensory Processing Disorder are often misdiagnosed to ADD or ADHD. If he cannot get screened for these through school, screening through the medical model via PCP referral would be highly recommended.
- Determine if Apraxia of Speech has been ruled out.

Other Resources: <https://www.mainehealth.org/Services/Kids-Health/Learning-Disabilities>