

# KNOWING WHEN TO USE WHICH TOOLS

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# THE BEST CHILD MANAGEMENT IN THE BIZ...

- ...and yet there are often situations (students) that leave us feeling overwhelmed
- There are often children that do not respond to more classic or typical classroom management strategies and leave us spending more time than we have on one student.
- When we need extra support, where do we turn?
  - Assessment, pull-out supports, etc.
  - If we are lucky we might get a diagnosis to justify some support.

IS A DIAGNOSIS IMPORTANT?

# YES, BUT...

## WHAT IT DOES

- Gives label to a cluster of symptoms
- Allows you to access evidences-based treatments for your condition
- Connects you with other people who have similar symptoms
- Reduces the anxiety of the unknown

## WHAT IT DOES *NOT* DO

- Tell you why a symptom is present
- Tell you when a behavior is due to a mental illness or due to an environmental factor
- Make the person (especially a child) any more willing to change
  - In fact, may encourage them to shut down

# DIAGNOSTIC OVERSHADOWING

- Definition: The tendency to attribute all behaviors (old and new) to one diagnosis rather than exploring further causes.
- ASD is extremely likely to overshadow other diagnoses
  - ASD is being diagnosed more frequently
  - Mild cases are extremely common

# ADHD OR AUTISM

## ADHD AND AUTISM

- Interest-based nervous systems
- Differences in eye contact
- Task-switching deficits
- Emotional dysregulation
- Stimming and sensory issues
- Social issues

## ADHD ONLY

- Craves novelty over routine
- Miss social cues vs. not understanding them
- Interests are shorter lived

# SOCIAL ANXIETY OR AUTISM

## SOCIAL ANXIETY AND AUTISM

- Gaze avoidant
- Difficulty interacting with new people
- Socially withdrawn
- Does not like unexpected changes to social plans

## SOCIAL ANXIETY ONLY

- Desire to be social but mentally blocked
- Initial eye contact, then looks away
- Blushes easily

# TRAUMA OR AUTISM

## PTSD AND AUTISM

- Socially withdrawal
- Repetitive play
- Emotionally flat
- Frequent outbursts

## PTSD ONLY

- Social monitoring
- Known traumatic event or setting
- Respond better to social cues when in safe environment



HOW TO INTERVENE: THINKING  
OUTSIDE THE CONTEXT OF A  
SINGULAR DIAGNOSIS

## CONSIDERATION 1: IS BEHAVIOR BASED ON THEIR NATURE OR THEIR NURTURE?

- Neurodevelopmental conditions exist
  - Think in the context of learning disabilities (Lack of exposure vs. neurologic structure deficit)
- Parent temperament/methods mismatches exist
- Sub-optimal home lives exists
- **What happens if we intervene with a neurodevelopmental condition assuming it is an environmental condition?**

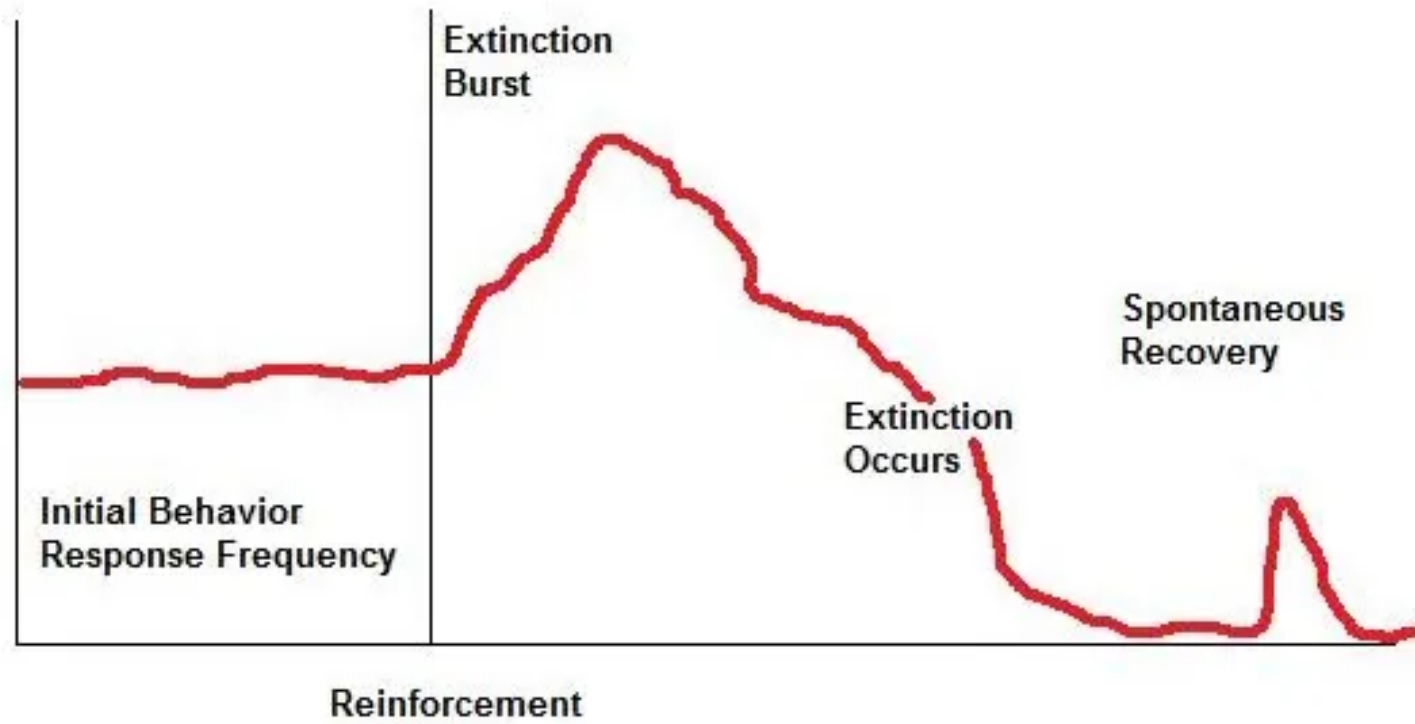
## CONSIDERATION II: CAN I BREAK THEIR ISSUES INTO SMALLER PARTS?

- ABCs- Antecedent, Behavior, Consequence
- Do not target hyperactivity, target their hyperactivity
- Focus on why the behavior is happening and not on the fact that it is happening

CONSIDERATION III: WHAT ARE CHILD'S STRENGTHS? EXCEPTIONS TO BEHAVIOR?

- Do they exhibit behavior in every situation?
- Are there things that they do well that we can lean on?
- What are their values?
  - Do not just focus on what they like (or even interested in), try to find out what is important to them.

CONSIDERATION IV: HAVE I GIVEN THIS ENOUGH TIME TO WORK?



QUESTIONS