



The Importance of Looking Beyond Behaviors to Support Children's Social and Emotional Development

***Cooperative Association for Special Education
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Author: Beyond Behaviors

**Redefining our
approaches to
support
children and
understand
what underlies
challenging
behaviors**

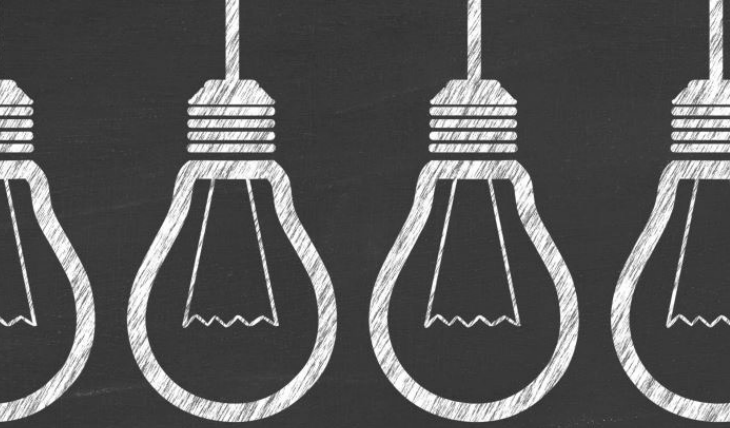


Shift The Lens



From the Behavior to what Underlies/causes the Behavior

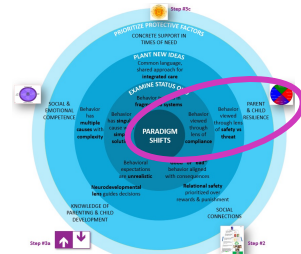




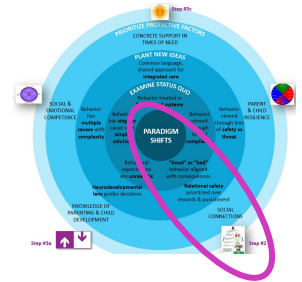
The Big Idea

- Behaviors are only the tip of the Iceberg
- Our culture is obsessed with behaviors as the target
- But what if we saw them as the signal?

3 Shifts: Verge of Paradigm Shift #1: Changing our **interpretation** of behavior (Lillas, 2019 NRF-RR, <http://nrfr2r.com>)



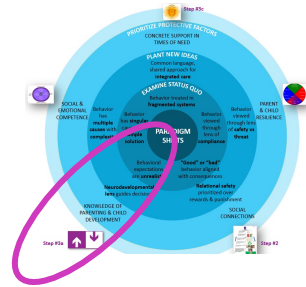
Paradigm Shift #2: Changing our **responses** to behavior (Lillas, 2019 NRF-RR)



REFLECTION

- Have you heard about this paradigm shift?
- Where do you see your school, district, agency, etc. in terms of the paradigm shift?
- Are most students with severe behavioral challenges having their behaviors as the target of the interventions?

The diagram illustrates the relationship between a plant-based diet, nutrient intake, and human health. At the center is the **PLANT-BASED DIET**. This diet is composed of **Nutrient-Dense Foods** (Vegetables, Fruits, Grains, Legumes, Nuts and Seeds) and is associated with **Nutrient Deficiencies** (Vitamin B12, Vitamin D, Iron, Calcium, Omega-3 fatty acids). The diet leads to various **Human Health** outcomes: **Reduced risk of heart disease, Type 2 diabetes, and certain cancers**; **Improved gut health and digestion**; **Weight management**; and **Reduced inflammation**. A pink oval highlights the **Nutrient Deficiencies** and **Human Health** sections.



Developmental Iceberg

Attributions of Behavior

The child or
environment's
"fault"

Purposely misbehaving
Attention-seeking
Oppositional
Defiant
Testing limits
Lazy
Avoidant
Poor parenting
Inconsistent discipline
Intellectual disability

Adaptation to one's
unique differences

Physiological State
Faulty neuroception
Emotional responses
(e.g. shame or embarrassment)
Stress responses
(fight, flight, or freeze)
Adaptations to
sensorimotor
processing or
preferences
Physical pain or
discomfort
Thoughts or ideas

We FAIL to find the correct etiology of the behaviors

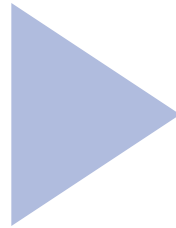
A response to stress is
not a purposeful,
intentional misbehavior

Does not respond well
to rewards or
punishments

Top-Down vs. Bottom-
Up

Othering

Failing to do so
contributes to
othering



To view or treat (a
person or group
of people) as
intrinsically
different from and
alien to oneself.

Vulnerability

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Shows up in
behavioral challenges



*An understanding of each child's individual
differences in the context of their AS*

”

We classify behaviors as “compliant” or “non-compliant”

Leads to rewards and consequences: taking an action to teach children without regard for the adaptive nature of behaviors

Behaviors are often an **adaptation to a child's ANS** cues (internal, invisible needs, sensations, thoughts or emotions) and not simply willful misbehavior.



That's why Our “go to’s” are often wrong:

**We blame
the child (it's a
diagnosis, like
ODD, ASD) or
parent,
inconsistent**

OR

**We Time-Out,
Positive & Negative
Reinforcement**

OR

**Blame a child's will,
they are getting
“negative attention”**

Individuals with brain wiring differences/trauma

May have
emotional
regulation
challenges-
showing up as
behaviors

OR

That serve an
important survival
purpose

OR

Protective, adaptive
Defensive
Movement helps
humans feel safe

Are we observing adaptive behaviors and how should we approach?



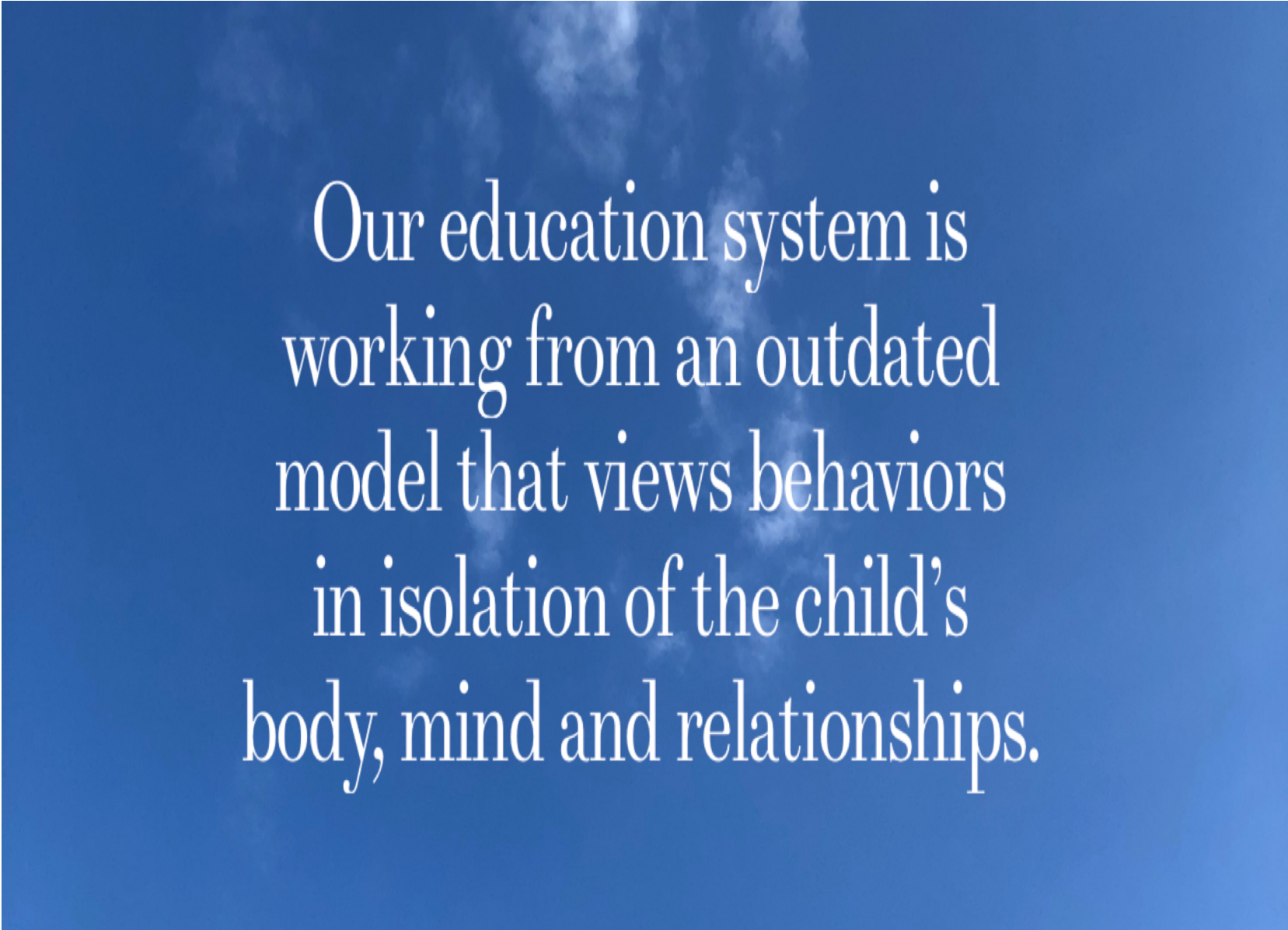
Is a child experiencing a stress response?

Max—MAKE CHILD CARE

- Little “Max” 5, who had a trauma history, a hard time sitting on his circle, and often ran around the classroom, disrupting the other students.
- He also couldn’t keep his hands off other student’s things and was constantly in trouble.
- His teachers made a sticker chart to help him learn how to manage his behaviors.
- They praised him so much when he did well, and gave him stickers.
- The problem was this plan didn’t work!

The Problem

- The teachers were focusing on **behavioral goals** without regard for the child's **social and emotional functioning and physiological state**.
- **This understanding is necessary/applicable for all students, inclusive of their neurodivergency status**



Our education system is
working from an outdated
model that views behaviors
in isolation of the child's
body, mind and relationships.

“When all you have is a hammer,
everything looks like a nail.”





NEUROCEPTION

The process by which our nervous system evaluates risk outside of our awareness.



Our brain's subconscious TSA agent working hard to constantly keep us safe.

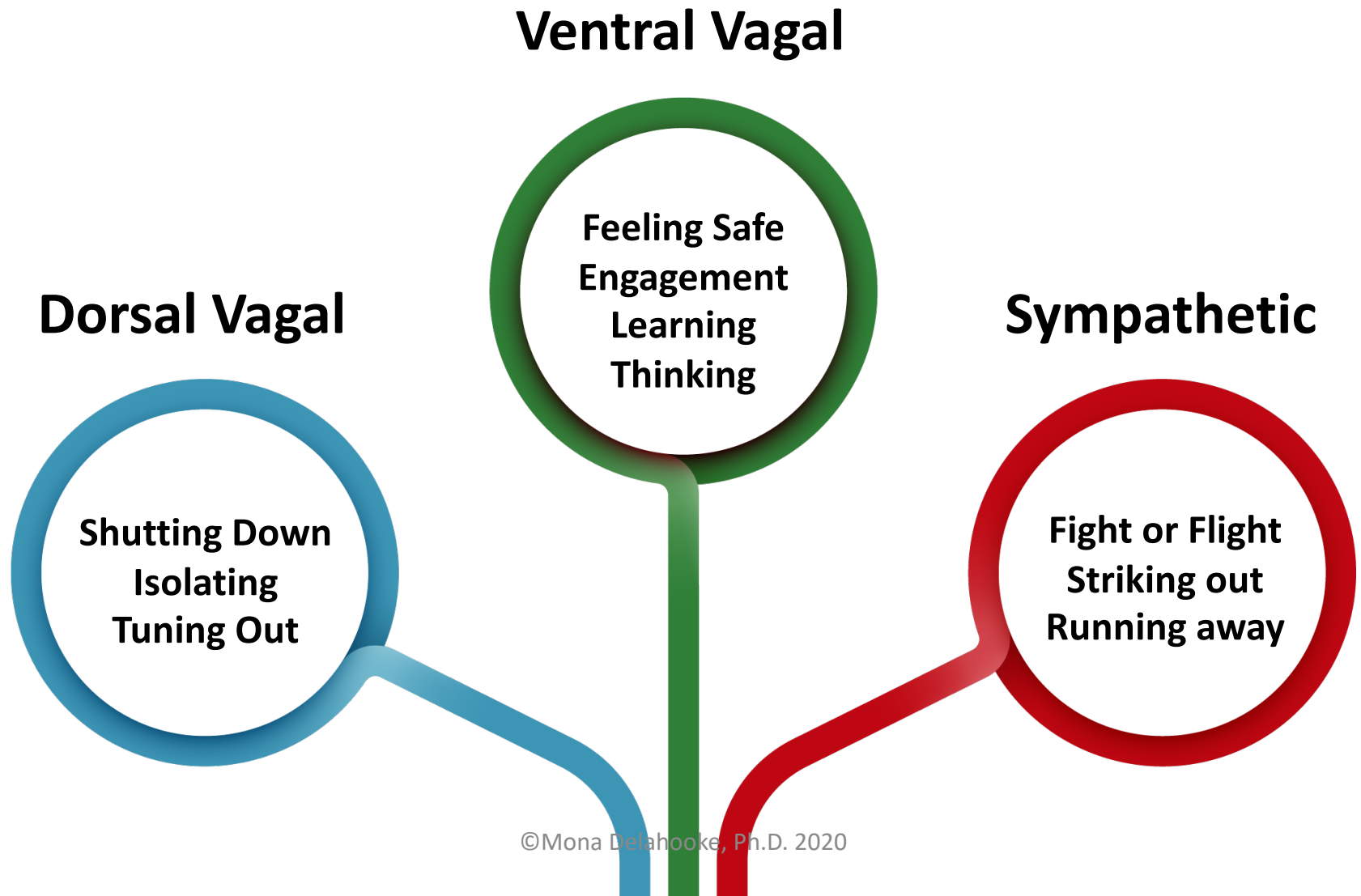
**There are no simple
solutions or one size
fits-all answers.**



**...but there is hope that comes
from compassionately figuring
out what each child needs to
find out exactly what their
behaviors are telling us about
their brain and body, their
physiology.**

THREE STATES OF THE ANS BIOBEHAVIORAL MARKERS

The Pathways Lead to:



Awake States with Stress Responses

Green Zone — Just Right/Alert



EYES

- ☐ Bright, shiny eyes
- ☐ Looks directly at people, objects
- ☐ Looks away for breaks, then returns to eye contact
- ☐ Seems alert, takes in information



BODY

- ☐ Relaxed with good muscle tone
- ☐ Stable, balanced and coordinated movements
- ☐ Infant moves arms and legs toward center of the body
- ☐ Infant molds body into a caregiver when held
- ☐ Moves faster or slower depending on environment



FACE

- ☐ Smiles, shows joy
- ☐ Neutral
- ☐ Can express all emotions



VOICE

- ☐ Laughing
- ☐ Tone changes



RHYTHM / RATE OF MOVEMENT

- ☐ Changes smoothly to respond to the environment
- ☐ Movements not too fast or too slow

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CALM* PLAYING* COOPERATIVE:

Signals that the child is
in the robust social engagement
space and a great time to
try new things or teach.

GREEN Pathway



Awake States with Stress Responses

Red Zone — Too Fast/Gas Pedal



EYES

- ☐ Open, squinted or closed eyes
- ☐ May have direct, intense eye contact
- ☐ May avoid eye contact
- ☐ Eyes roll upward
- ☐ Eyes look quickly around the room



FACE

- ☐ Wide, open mouth
- ☐ Anger, disgust
- ☐ Frown, grimace
- ☐ Fake, forced smile
- ☐ Clenched jaw or teeth



BODY

- ☐ Fingers spread out
- ☐ Arched back; tense body position
- ☐ Constant motion
- ☐ Demands space by pushing, shoving, and getting into others' space
- ☐ Biting, hitting, kicking, jumping, throwing
- ☐ Bumps into things, falls
- ☐ Threatening gestures (shakes finger or fist)



VOICE

- ☐ High-pitched crying, yelling or screaming
- ☐ Loud
- ☐ Hostile or grumpy
- ☐ Sarcastic
- ☐ Out of control laughing



RHYTHM / RATE OF MOVEMENT

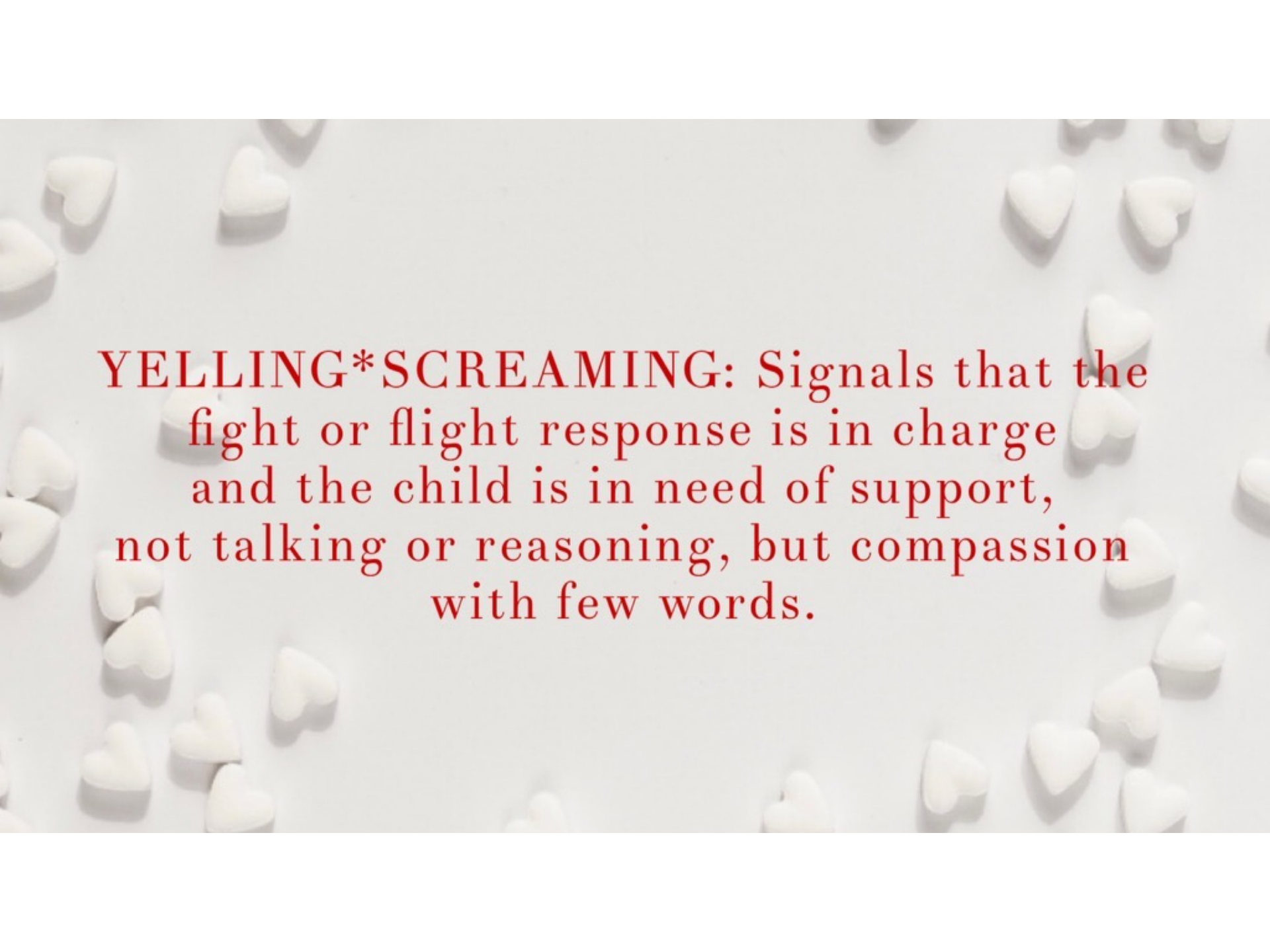
- ☐ Fast movements
- ☐ Impulsive movements



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YELLING*SCREAMING: Signals that the fight or flight response is in charge and the child is in need of support, not talking or reasoning, but compassion with few words.

RED
Pathway
*(Not in
Control)*



Awake States with Stress Responses

Blue Zone — Too Slow/Brake



EYES

- ☐ Glazed-glassy eyes (looks through rather than at)
- ☐ Looks away for a long time, looks down
- ☐ Seems drowsy/tired
- ☐ Does not look around the room for interesting items
- ☐ Looks at things more than people



BODY

- ☐ Slumped/slouching
- ☐ Low muscle tone
- ☐ Little or no exploring play or curiosity
- ☐ Wanders
- ☐ Frozen or slow-moving



FACE

- ☐ Flat/blank
- ☐ Mouth turned down, sad
- ☐ No smiles or hints of smiles
- ☐ Few emotions shown



VOICE

- ☐ Flat
- ☐ Makes few to no sounds
- ☐ Sounds cold, soft, sad, too quiet



RHYTHM / RATE OF MOVEMENT

- ☐ Slow movements
- ☐ Slow to start moving

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DISCONNECTED*CHECKED OUT:

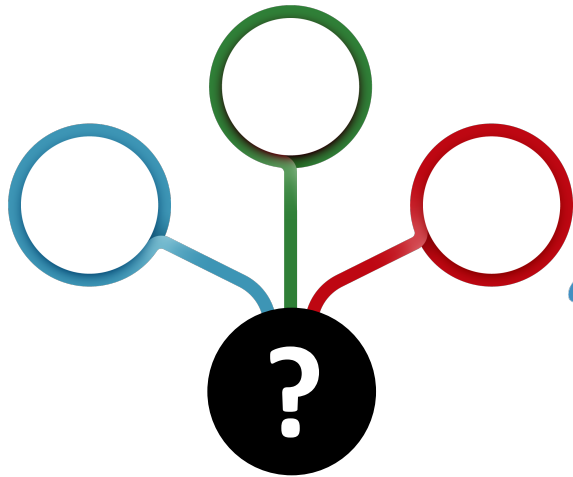
Signals that the child is
experiencing stress and needs
your energy and support to
help her back to feeling calm
and connected.

BLUE Pathway



The Colors

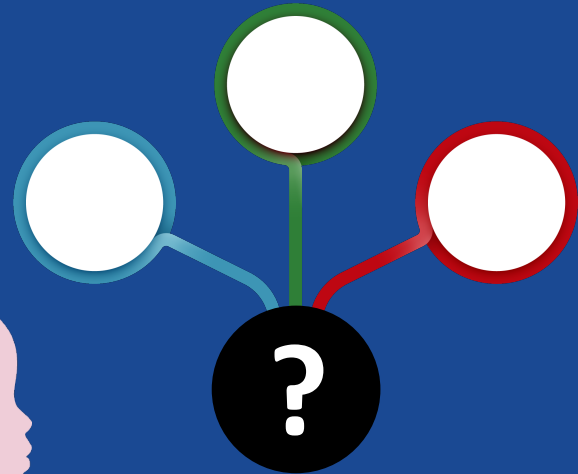
What pathway is
the ADULT on?



What is the quality
of the pathway?


- ☐ Strong
- ☐ Medium
- ☐ Light

What pathway is
the CHILD on?



What is the quality
of the pathway?

- ☐ Strong
- ☐ Medium
- ☐ Light



These are not the zones of regulation. These are not used to teach children about their nervous systems.

For adults to move from behavioral management to supporting nervous systems



*****What causes misbehavior in children? (or adults)**

**Shifts in their nervous system
responding to stress!**



When we react to problematic behaviors outside of assessing the child's level of social-emotional development, we are working without a developmental roadmap.

**Co-Regulation Leads to Self-Regulation
Of emotions and behaviors**

IEP ACES Example

A top-down view of a wooden desk. In the top left corner, there is a dark-colored pen holder containing several pens and pencils. In the top right corner, there is a white ceramic mug filled with a light-colored beverage, possibly coffee or tea. A large white rectangular card is placed in the center of the desk, containing two numbered points in a serif font.

1. The team believes the behavior occurs:

To escape task at hand, the desire to control the situation, to get attention from peers and staff.

2. The solution is:

Ask child to communicate in a courteous and polite manner.

Reflection

- In your schools, do the teachers/teams distinguish between a purposeful, intentional misbehavior and a stress response?
- Are all behaviors considered “on purpose” and therefore subject to surface management?



*****IF YOU SEE A CHILD
PUNISHED OR IGNORED
FOR A STRESS RESPONSE,
PLEASE SPEAK UP**

worksheet

Behaviors Have Meaning

Is it possible that the child's behavior is meeting a constitutional need?
That is, does the child need to engage in the movement (behavior)
in order to communicate something or to stay on his or her green
pathway?

___ Yes ___ No

If yes, note your observations of the child's needs:

Is it possible that the child's behavior is signifying an underlying
condition such as **physical pain** or **emotional distress**?

___ Yes ___ No

If yes, note possible underlying conditions:

Is there robust communication with the child's team, including the
child's pediatrician, parents, and teachers about the underlying
meanings of the behaviors?

___ Yes ___ No

Explain:

Providing Cues of Relational Safety for Children

According to the Polyvagal perspective, humans provide cues of safety or threat through tone of voice, facial expressions, posture, and other nonverbal forms of communication.³⁰

Consider: Am I working off of an emotionally stable platform? Are the cues I am providing the child supportive of social engagement? Use the following questions to gauge your use of safety cues and check off those that apply to you.

Presence: Am I present with the child, attending to him or her singularly, and not distracted or multitasking? _____

Tone of voice: Is the volume of my voice appropriate to the child's needs? _____. Is there inflection or prosody in my voice? _____. Is there warmth and a caring tone to my voice? _____

Facial expression: Is my face expressive of safety and engagement?

Pacing and timing: Am I approaching and pacing with the child in accordance to his or her immediate needs?

Posture: Do I have a relaxed posture and inviting gestures? _____

ASK:

How safe does the
child feel with the
adults in his life?



Safety is treatment and Tx is Safety, Dr.
Porges ©Mona Delahooke, Ph.D. 2020

Do we need to reinforce/consequence?





Expect Red or Blue Behaviors

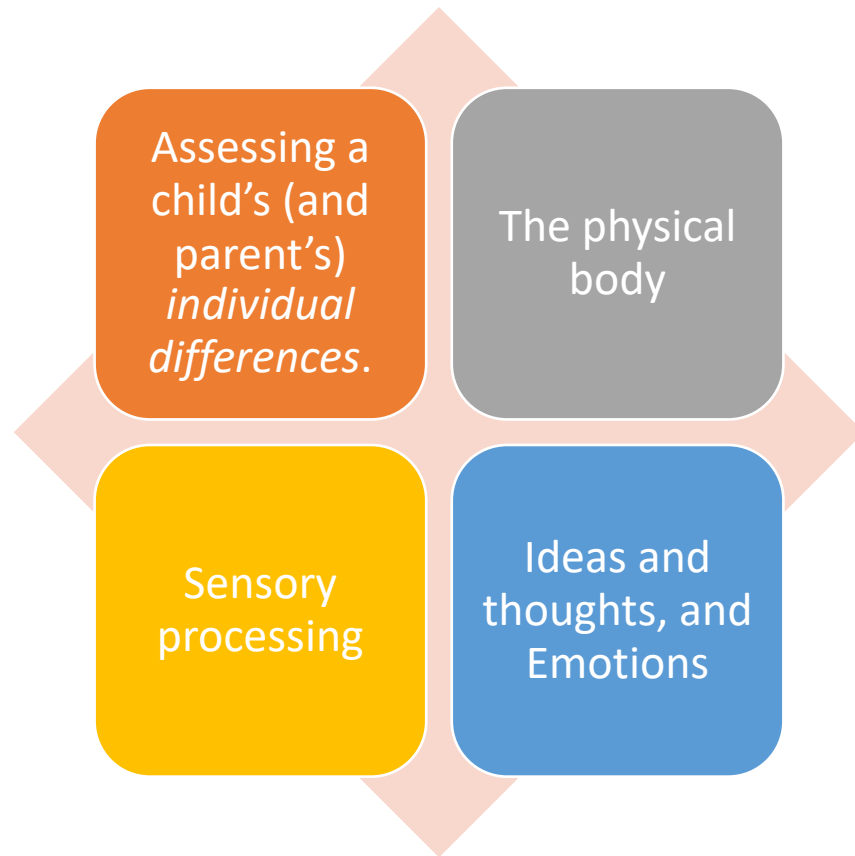
- As humans if we're not getting cues of safety our body adaptively reacts. So we must shift our interpretation of behaviors in children because the disruptive and pushing away is what their bodies are requiring them to do!
- It's not difficult to see that the formula for **black and brown, and indigenous children** is stacked against them from the multiple effects of societal racism and systemic misunderstanding of disruptive behaviors.

- **Traditional:** Using standardized assessments to evaluate a child. Tests given with parents in room or in waiting room. Possibly a school or home observation(s), teacher and parent check-lists, and interviews with parents.
- **Relationship-based:** First sessions with parents alone for history taking. Then 1-3 (minimum) play based home, office and school observations where parent and child are playing together, exploring the office, etc. We use standardized tests as necessary and adjunctive to the main information from the observation/assessment of the SE milestones.
- The Greenspan Social Emotional Growth Chart (Pearson)



Four Domains of
inquiry:

**Individual
differences**



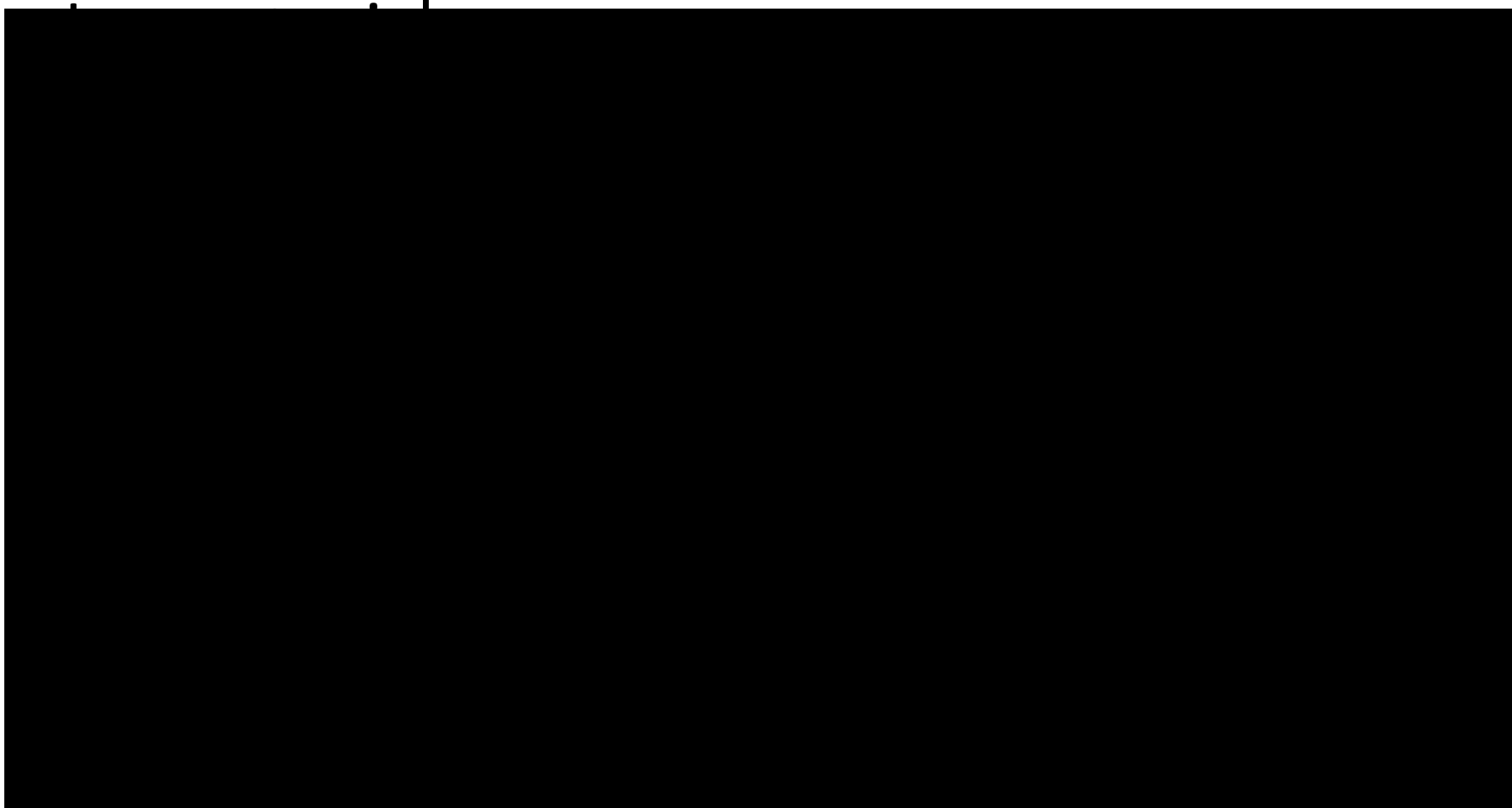
VIDEO CLIP

Individual Differences in sensory processing

Trigger warning

Sensory/visual/auditory
overload

Emotional confusion – ID
respect- not everybody



Discussion

- What was your experience watching this video?
- Reflections?

The Body's Role in Regulation

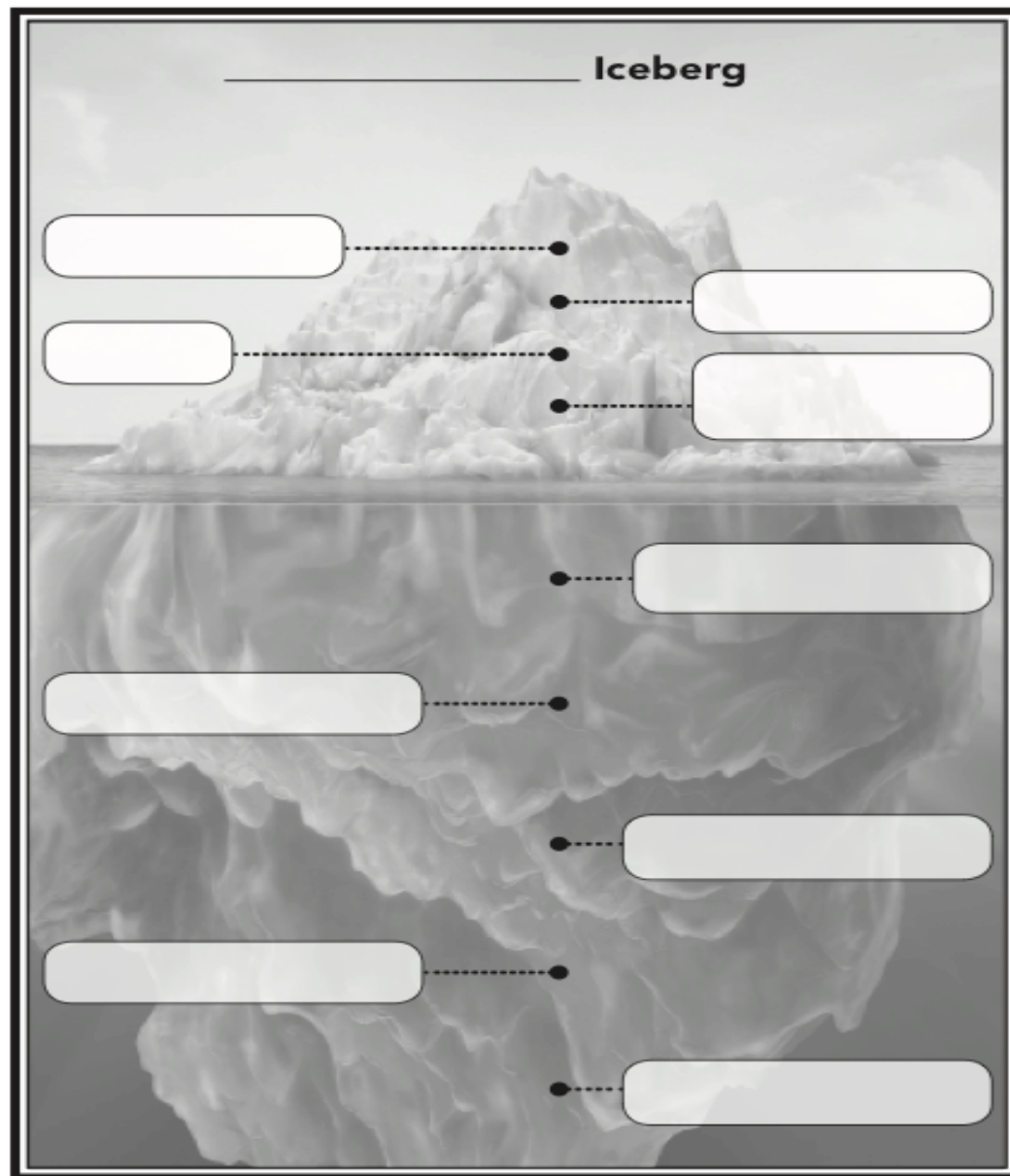
- The challenging behaviors we see are body-up or bottom-up Responses to sensory input
- That's how all humans process information
- 80% of the fibers in the vagal nerve are afferent, from the body to the brain.

How to Help

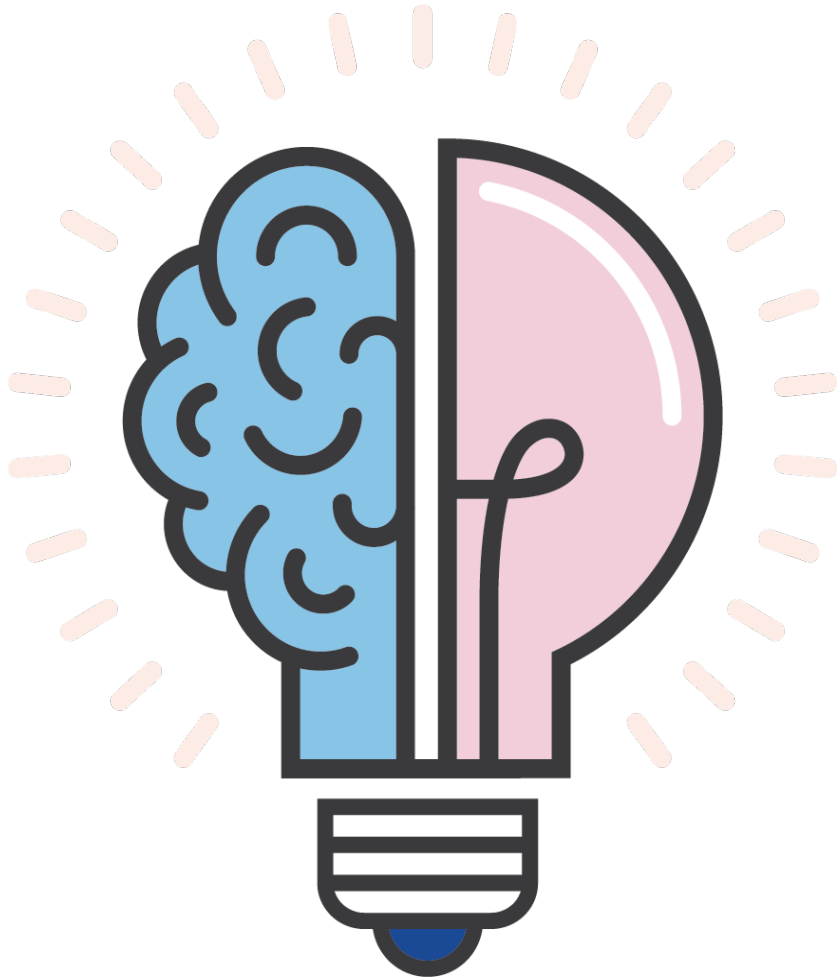
- The first step: pay attention to what the child is showing us in his/her body.
- **Look for these indications of physiological stress:**
- **Physical responses such as crying, protesting, increased heart-rate, wide-open eyes, trying to escape, hitting, or otherwise striking out**
- **Signs of disengagement, including flat, still or frozen facial features; lack of interest or reaching out to others; monotone or flat vocal tone; lack of exploration; or slow or decreased body movement**

How to Help

- Before anything else, give the child cues that he or she is physically and emotionally safe. Be Green.
- Understand the **behavior as a stress response**: what we are asking of the child exceeds their ability to carry out the task.
- Be flexible about changing plans and immediate treatment goals to prioritize warmth, engagement and understanding when a child exhibits stress responses.



The IDEA



- **Inquire** about the child's history and track behaviors to discover patterns
- **Determine** what circumstances contribute to the child's distress
- **Examine** what our investigation reveals about the triggers and underlying causes
- **Address** developmental challenges contributing to the behaviors through our interactions and targeted therapeutic support



Many Behaviors signal *Vulnerability*

- This is why behavior contracts and incentives fail to yield long-term success for many children and teens, leading to loss of confidence, harsh self-criticism and iatrogenic anxiety.
- Particularly children exposed to trauma and ND



Relationships Heal

What yields long term success and builds relationships at the same time?

- **RELATIONAL SAFETY**

All children need time to build relationships of trust in order to risk making mistakes.

Encouragement and reassuring adult presence helps children stay calm and alert. The first step is building a relationship of trust, enabling the child to feel safe, take chances, and persevere to show us all he or she knows.

What can We Do?

Safety
Connection
Joy
“Being” together

OR

Staying calm
Self-care
Self-Compassion

OR

Remembering the
behaviors
Protective, adaptive
defensive

JOY Changes the body's reactions to stress

What brings Joy
to the child **with**
you?

OR

Music
Dancing
Singing

Yoga

Hikes

Nature

Baking

OR

How Do Humans Develop Emotionally?

Predictability

- Routines
- Consistent love
- Staying calm through the child's storms
- Message: I'm here

We Neglect to ask Essential Questions:

**Has the child
experienced
years of
relational safety?**

OR

**Have the child's
sensory processing
preferences been
respected?**

OR

**How has it impacted
intentional control of
emotions and
behaviors?**

Techniques not Recommended:

**Physical
punishment
Seclusion
Sticker charts
Time-outs**

OR

**Ignoring
Shaming
Blaming**

OR

**Yelling
All increase threat**

Neural Exercise

BODY-UP to the **TOP-DOWN**

*****Play** is a
bridge that naturally
works Body-up and
Top-down



PLAY

- PEER PLAY
- INDEPENDENT PLAY
- PARENT OR ADULT-MEDIATED PLAY



**An adult's warmly engaged
facial expression, tone of
voice & posture lead to the
green pathway of calm alertness
in children**

BEYOND BEHAVIORS @MONADELAHOOKE


Emotional Tone

- “Our emotional tone is the ‘raw material’ that allows us to help children with behavioral challenges. This raw material that we each embrace is transmitted through our body language. When we feel safe, we have soft eyes, a prosodic voice, and a relaxed posture.”
- **The new paradigm: Moving from managing behaviors to supporting nervous systems.**


Trauma and Toxic Stress

Caused by a child's chronic perception that he or she is not living up to "typical" expectations or isn't trying hard enough

Iatrogenesis of anxiety and depression in autistic individuals.

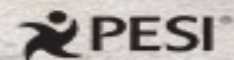


**SELF-CARE
IS NOT
OPTIONAL,
IT'S ESSENTIAL**



Healthy relationships
are not “*optional*,”
they are the
vehicle that drives
development forward.

Mona Delahooke



*"A paradigm shift in understanding and
treating children with disruptive behaviors."*

— Stephen W. Porges, PhD

Beyond Behaviors

Using Brain Science and Compassion to
Understand and Solve Children's Behavioral Challenges

Mona Delahooke, PhD



MONA DELAHOKE, PhD

AUTHOR OF *BEYOND BEHAVIORS*

Brain-Body Parenting

How to Stop Managing Behavior
and Start Raising Joyful,
Resilient Kids

Mona Delahooke, Ph.D.

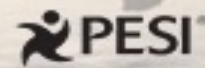


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Joyful Engagement

Builds Brains & Minds

Mona Delahooke



We Need You

