PROVOCATIVE !@*#@E!!* LANGUAGE

A MISUNDERSTOOD BEHAVIOR IN

•Autism•ADHD•Tourette Syndrome•TBI•

Marie Lewis, RN, PhD, BCEA

DEDICATION

To the true authors of this book: The professional Board Certified Education Advocates, who give from their hearts to make our communities a better place by answering their calling with sincerity and integrity.

This book would not have been possible without Roy Lewis's and M. J. Gore's wisdom, editing, and listening with such kindness and patience. Thank you for making me laugh when I probably should not have! A special thanks to Celia, Sara, Emma, Aaron and Amritpal for their support.

EDUCATION ADVOCACY MATTERS

We must not tolerate malicious infighting or trolling that is rampant within our disability communities. Being in judgment reduces our ability to be open to see and manifest possibilities. When we are in judgment, we cannot see beyond what we judge or see what is real.

We must act out of professional integrity. Teaching and holding for those to come together with us, into the light of service. We need to support those who do not have a voice and those underestimated and outcast due to their disabilities. **We must not just accept tolerance but strive for authentic inclusion, which is measured by active and valued participation.** We do this by remembering the basic education advocacy principles:

- Always remain child focused!
- Information is power- so share it!
- Use research-based interventions.
- Treat everyone with dignity.
- A Free and Appropriate Education (FAPE) is a social justice issue.
- Honor everyone's story.
- Place nice in the sandbox.
- Remove barriers to educational access, functional outcomes, and independence.

THE ANSWERS ARE OUT THERE - WE ARE JUST ASKING THE WRONG QUESTIONS!

"I don't know what your destiny will be, but one thing I know; the only ones among you who will be really happy are those who have sought and have found how to serve."

Albert Schweitzer

"Small Minds Discuss People;
Average Minds Discuss Events;
Great Minds Discuss Ideas."
"To Handle Yourself Use Your Head; To Handle Others, Use Your Heart"

Eleanor Roosevelt

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TABLE OF CONTENTS

PROVOCATIVE LANGUAGE

A Misunderstood Behavior
in Autism, ADHD, TBI, and Tourette Syndrome

Marie Lewis, RN, PhD, BCEA

Provocative language is one of many symptoms exhibited by those with Autism Spectrum Disorder (ASD), Attention Deficit Hyperactive Disorder (ADHD), Traumatic Brain Injuries (TBIs) and Tourette Syndrome. The use of provocative language (disrespectful, abusive, or unsafe language), provokes a reaction, and the user is viewed as an out of control child violating boundaries, being confrontational, anti-social, or acting out to gain attention or escape a demand. Symptoms of these disabilities are frequently misunderstood, and often result in removal from class rooms, detentions, suspensions, or unwarranted police interaction.

It is not unusual for peers, adults or agencies to misinterpret the neurological symptoms associated with a child or adolescent's disability and label them as just behavioral problems. Because these children may not behave in socially acceptable ways, they are viewed as purposefully disruptive, bad, delinquent, attention seeking or manipulative. There are many factors that may contribute to the manifestation of this type of behavior. They may suffer from anxiety, overwhelm and fear of failing due to academic skills deficits, cognitive or sensory processing delays, brain damage, pragmatic language deficits, social communication disorders, obsessive-compulsive behaviors, or PTSD from trauma or abuse. They are not delinquents.

The setting event or antecedent to the behaviors is different than for a neuro-typical child who might have this behavior. Those with impaired sensory, pragmatic language processing or social cognition deficits will not always recognize or be able to independently manage their transitions from calm, to discomfort, upset, anger, or rage. Nor will they be able to de-escalate and return or recover to calm easily or independently. These behaviors may be manifestations of a disability that needs treatment not discipline.

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It is well recognized that there is an over-representation of learning and social skill deficits among youth offenders and drop-outs. All of which should have been identified and remediated by schools, under IDEA. in a 2015 study of individuals in a juvenile justice system, 60% of students accessed presented with speech, language and communication difficulties, **52% met the criteria for having a language disorder <u>not previously recognized</u>.** Language difficulty and social skill deficits are significant risk factors for illiteracy, emotional difficulties, educational failure and entry into the school to prison pipeline. Competent language skills are required to form positive interpersonal relationships, and maintain appropriate personal, social, educational, literacy, employment and business interactions that are necessary across all environments.

The use of provocative language significantly increases the risk of student engagement with Child Protective Services and the Criminal Justice System. Traditional interventions like Cognitive Behavior Therapy and Anger Management programs in residential or segregated therapy settings require language modifications, which are not provided, in order to be delivered appropriately and result in positive outcomes.

It should be noted that inappropriate or unlawful behavior is not particularly high for those with disabilities but they are disproportionally represented within school expulsions, suspensions, as well as the justice system, and child protective services.

PREVALENCE:	**JUSTICE SYSTEM**	**POPULATION**
Childhood ADHD	63.00%	5.00%
ADHD in adulthood	43.00%	4.40%
Autism	10.00%	1.50%
Tourette Syndrome	6.00%	0.03%
Intellectual Disability	1.00%	1.00%

For juveniles treatment should be aimed at reforming and preventing further inappropriate or criminal behavior in both school and the justice system. This is mandated by IDEA and the juvenile justice system. Currently interventions used are not research based for children with language and socially based disabilities.

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This is difficult for those who are socially delayed (naive, requiring rigid routines, having social miscues, perseverative behaviors, lack understanding of behavioral impact, empathy, consistent emotional control, social communication, social cognition and imagination skills), to explain their behaviors and their lack of intent to do something wrong.

- Some students have not been diagnosed prior to demonstrating significant behaviors.
- Some do not volunteer their diagnosis prior to an interview or interrogation
- Some appear willful during an interview due to changes in their routine, and stress
- Poor social cognition and problem solving skills make them susceptible to bullying and coercive tactics
- Communicating their recall of events may be compromised due to their language deficits (Woodbury-Smith & Dein, 2014).

Students may not fully comprehend what they have done wrong or even know that they may get in trouble for their behavior (Berryessa, 2014). Schools and courts need to understand that there does not appear to be a uniform understanding of how these students might demonstrate their intent, frame of mind or knowledge of wrong doing (mens rea—which is a necessary element to making some behaviors a crime). Yet, they are seven times more likely to intersect with the criminal justice system than individuals without these disabilities (Berryessa, 2014). Additionally, officials at school and in court may not immediately recognize that certain behaviors are a manifestation of a student's disability vs. an intent to do wrong because assumptions are made when a student appears high-functioning.

A transition goal for safe and appropriate behavior and language in the community is necessary. The most successful students, academically and functionally, have a team that approaches their programing collaboratively and where everyone is trained, and fidelity checks assure consistent application of interventions across environments. It is essential to collect and analyze meaningful data and use it to modify programming appropriately, so to achieve functional outcomes, commensurate with the child's circumstances, and in the least restrictive environment. Teaching, reinforcement, generalization and mastery of replacement behaviors must occur throughout the day in both isolation and then across environments, with supports and prompting and then fading to independence.

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DEFENSE SYSTEM ACTIVATION TRIGGERS

A defense system response requires specially designed instruction-(accommodations and modifications) to environments so that students do not react to:

- Anxiety
  - Not knowing what to do or how to handle a situation
- Cognitive overwhelm
  - Too much information
  - Inability to access cognitive information
- Communication deficits
  - Unable to communicate needs and wants
  - Unable to understand the intent of speaker
- Executive functioning deficits
  - Confused and frustrated with tasks and keeping up
- Fight or flight response
  - Misinterpretation of internal or external information
- Processing deficits
  - Not able to keep up with demands
- Rigidity
  - Unable to handle unexpected changes or transitions
- Sensory overwhelm
  - To escape a sensory overload experience
- Social cognition deficits
  - Misunderstanding of what is happening and how to respond

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THE DYSREGULATION PROCESS

BELOW ARE EXAMPLES OF THE ESCALATION PROCESS THAT LEAD TO THE USE OF PROVOCATIVE LANGUAGE AND OTHER BEHAVIORS:

DISCOMFORT

- Stereotypical behavior and stimming
  - Fidgeting
  - Flapping
  - Rocking
- Sensory avoidance - Sensitivity to sounds or touch
- Sensory seeking – Trying to avoid other input
  - Excessive chewing
  - Tapping
  - Self talk or noise
- Hyperactivity
- Increase in compulsions or ritualistic behavior

UPSET—RUMBLINGS

- Anxiety (dizziness, rapid breathing, nausea, muscle pain or tension, headaches, concentration and attention issues and decreased **memory).**
- Authoritarian type demands or behaviors
- Cognitive shut down or freezing due to cognitive or sensory overload
- Heightened anxiety resulting in perceptual distortion
- Ignoring
- Making noise (mumbling, whispering under breath, being loud)
- Overwhelm when an additional activity is expected
- Pacing - increase in movement
- Repetitive behaviors - perseverations - chewing or ripping cloths
- Somatizations (experience and communicate psychological distress in the form of physical symptoms like headaches or stomach aches)
- Stimming behavior to avoid thought or create alternate stimming input
- Stress due to a change in a routine
- Struggling to make it through their routine / difficulty with perspective taking
- Talk about overly mature or immature topics that is not age-typical

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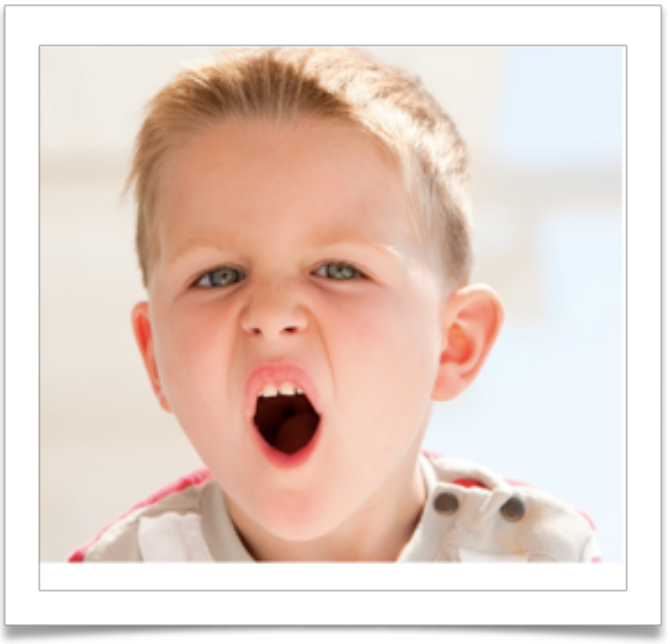
- Task/demand refusal
- Unaware of pain or danger



ANGER—ATTEMPT TO GAIN CONTROL BACK

- Appears rude inappropriate or challenging authority.
- Blaming the other person—"You're the reason I am failing."
- Communication breakdown without ability to repair
- Elopement or physical aggression to escape the situation.
- Escalation to a meltdown. (define behaviorally)
- Is not getting along with authority figures or with other peers
- Tension so high they become curt or abrupt
- Vocalizations at a louder volume
- Provocative Language—disrespectful, abusive, or unsafe language
  - Use of language to block other input
    - "I am over you!"
    - "You are fired!"
    - "I don't have to do this"
    - "You are not my boss."
    - Talking about inappropriate things
    - Inappropriate laughter
  - Use of profanity/ swearing/ cursing
    - "Fuck You!"
    - Using variations of curse words "biatch" "shat"
  - Use of insults and name calling

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- "You're stupid!"
- "Shut up"
- "This is dumb"
- "I don't care about your stupid assignment"
- Deliberately repeating what others say in a patronizing way
- Condescending or mocking behavior

- Use of stereotyping, racial, sexual or culturally inappropriate words or comments
  - "You are gay."
  - "You are retarded."
  - "Hey slave"
- Use of dangerous inappropriate language or threats
  - "I'm going to kill myself!"
  - "I'm going to shoot you!"
  - "I'm going to kill you!"
  - "I want to blow everything up!"
- Inappropriate innuendoes or laughter
  - Use of symbolic language to represent something inappropriate
  - Making an insider joke by laughing after a comment
  - Sharp sarcasm
  - Use of code words or symbolic language to represent something inappropriate
- Self-deprecating language
  - "I'm a failure!"
  - "I am STUPID!"
  - "I can't do this! I can't, I can't!"

RAGE—LOOSING CONTROL

- Biting
- Causing injuries
- Destruction of property - throwing ripping
- Emotionally has lost control and cannot calm self
- Explosiveness
- Hitting
- Impulsiveness
- Kicking
- Physically cannot be calmed
- Refusal to discuss or negotiate or compromise

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- Screaming
- Self-injurious behaviors SIBs (head banging, biting self, pulling hair)
- Shaming, humiliating, intimidating

DE-ESCALATION

- Crying
- Fatigue
- Heavy breathing
- Inappropriate smiling/smirking
  - Which can be misunderstood as disrespectful
- Sensory seeking—hug or being held
- Sleeping
- Withdrawal

RECOVERY TO CALM

- Crying
- Exhibit overly loving, kind or helpful behavior
- Over apologizing
- Relief
- Remorse
- Shame
- Strong feelings of self blame
- Even if they appear calm they may not be ready to recover.

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BEHAVIORAL INTERVENTIONS

INAPPROPRIATE INTERVENTIONS - ESCALATE TARGETED BEHAVIOR

Instead we should:

- Create a safe, quiet comfort zone
- Return to known routines and scripts
- Reassure them that you are removing undesired stimulation (physically, cognitively, or sensory) if you can.
- Do not engage in confrontations, an increase in demands or negative comments
- Be literal and reassuring (verbally and non verbally) that everything will be ok
- Focus is on removing stressors/demands and returning to self regulation
- Do not place any new demands (unless there is a safety issue)
- Create a sense of belonging or validation
- Try to voice their perspective. Acknowledge and validate their anxiety and fear.
- Offer multiple choices moving to forced choices.
- Planned ignoring

The functions of the behaviors is to stop the demands at all costs in areas of sensory, language or cognitive deficits. This is due to a disability and not because they want to be abusive or unsafe. The use, of provocative language and meltdowns, results in feelings of shame, remorse or humiliation.

Calling the police on a six year old having a melt down, restraining the child, or putting them in seclusion are not effective interventions. They should only be used if the child is truly a threat to themselves or others. Inappropriate interventions often escalate the behavior.

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Behaviors may be the result of skill deficits. We should teach the skills needed for our students to manage their reactions and prevent meltdowns or the use of provocative language. These are symptoms related to significant overwhelm and stress, not disrespect. These children may appear to be normal in most situations. **Their disabilities are invisible**, as are 80% of all disabilities. We judge them as bad because they have appropriate or excellent use of language, but their comprehension of situations is limited by the problems outlined below. They are statistically the ones most likely to get into trouble with the criminal justice system.

We should teach them about themselves and their reactions and how to gain control and prevent it from happening again. The objective should be to remediate skill deficits, teach self-advocacy and create a safe place when they need exhibit these behaviors to cope with their stress.

WE NEED TO FOCUS ON:

- Accentuate and reinforce their strengths
- Address splinter skills and deficits that contribute to outbursts
- Analyze antecedents to behavior
  - Develop a behavioral plan
  - Reduce the frequency, duration, and intensity of the behaviors.
- Analyze and reduce factors that intensify behaviors or heighten their response to their environments.
- Anger management
- Communication repair - misunderstanding of situations can cause panic
- Counseling
  - Cool, warm (just right) or hot (inappropriate) response training
  - Cognitive Behavior Therapy
  - With visual reinforcers of skills taught
  - Addressing cause and consequences
- Create a positive and proactive intervention plan.
- Guidance, training, support, and patience are required by parents and educators
- Identifying internal levels of upset felt and ask for help (5 Is Against The Law, Kari Dunn Buron)
- Identify interventions that lessen the explosive behaviors

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- Mindfulness technique usage
- OTM OTM prevention (on the mind—out the mouth)
- Perspective taking skill development
- Select teachers appropriately and train that trusted safe adult to provide care with flexibility and calmness according to the BIP.
- Self-talk methods
- Social autopsy and Social story usage
- Social cognition skill training
- Use of physical activity distractors
- Use of scripts and visual cues to ask for help

SOCIALLY INAPPROPRIATE LANGUAGE

Socially inappropriate or provocative language can also include language they do not know the meaning of or use of words they hear that are socially acceptable in other environments, including the playground, play dates, and school bus rides, where the rules of conversations are set by peers, not adults.

Some students do not understand social cues in differing social situations. We need to teach them the meanings of words, directly teach them how to use them correctly in appropriate settings, and when and where profanity is acceptable. They can't distinguish, like the rest of us, between the social contexts of an informal peer or play environment and a classroom or a church, because they do not have intact pragmatic language and social cognition.

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STEPS TO SOCIAL COMPETENCE

SOCIAL INFORMATION AWARENESS

AWARENESS AND ENCODING of social information:
Eye gaze. joint attention, pragmatic language: body language, proximity, tone of voice, gestures, posture…

SOCIAL PROCESSING

INTERPRETATION, MANIPULATION, AND EVALUATION
of previous and current social information:

- Social cues—verbal and non-verbal
- Emotions
- Hidden—untaught/assumed) rules of interaction
- Perspective taking
  - Inferring thoughts and feelings of others, Theory of Mind (ToM), cause and effect impact
- Problem solving
  - Determining intent and ability to apply/ generalization in different times, places, persons or context
- Abstract thinking
  - Use and understanding of figures of speech, metaphors, idioms, parables, allegories, inferences, rhetorical questions, sarcasm, and humor
- Develop, initiate, maintain and close social responses that will promote socialization in response to another's social behavior

SOCIAL SKILLS

USE OF BEHAVIORAL SKILLS facilitating communication and social reinforcement including verbal or non-verbal communication use of social rules, roles and routines that are explicit or implicit (hidden, unspoken or not taught). Social skills include 93% non-verbal language/para linguistics and 7% reciprocal verbal interactions.

SOCIAL COGNITION/INTELLIGENCE

ACHIEVE PERSONAL SOCIALIZATION GOALS with the ability to anticipate/predict, prevent and effectively create social interactions and responses. This is done through the use of empathy, self-monitoring of one's own actions, emotions and self regulation based on accurate and consistent generalized interpretation across environments of Social Information, Social Processing & use of Social Skills that result in consistent emotional and social responses.

✶✶✶ SOCIAL COMPETENCE ✶✶✶

ACHIEVE UNIVERSAL SOCIALIZATION GOALS through the use of Social Intelligence to successfully participate positively in group dynamics, quality relationships with peers, friends and at work, emotional intimacy, social inclusion and membership, development of a personal sense of belonging, quality daily living by getting along with others and effective emotional communication.

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LANGUAGE DEFICITS NEED TO BE IDENTIFIED

It is important to identify the specific nature of a language deficit, within the highly complex system of language

Research on the language used by those with ASD, ADHD, and TBI usually focused on:

- **Pragmatics** - non verbal and verbal language in communication

- **Prosody** - the rising and falling of the voice associated with creating different meanings with intonation, tone, stress, and rhythm. Balance of conversation with prosodic communication cues with pauses and intonation to reduce ambiguity, stress importance/focus or contrast, the signaling of emotions).

- **Grammar** – morphosyntax, problems in the components of language, these are, to a lesser degree, issues for higher functioning individuals, but are present.

- **Language deficits** determine:
  - If information is new or already established
  - If a speaker is dominant or not in a conversation
  - When a speaker is inviting the listener to make a contribution
  - The signaling of and interpretation of emotions, intent and attitudes
  - The understanding of the non-verbal facial expressions
  - **Detection of or misinterpretation of aggression and attack in the student's own provocative language and behavior**
  - Ability to comprehend changes in voice and body language - is sensory aprosodia.

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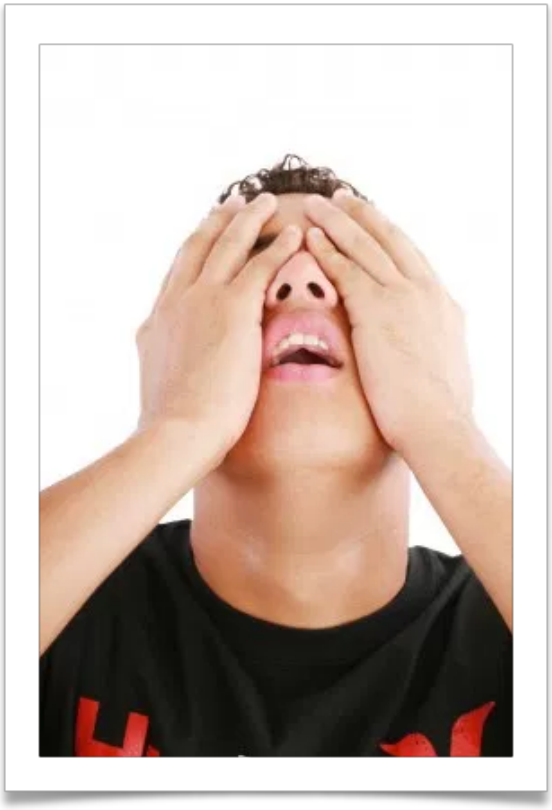

Deficits may interfere with the understanding of:

Theory of Mind (ToM)—the ability to attribute mental states (beliefs, intentions, desires, emotions, perspectives, knowledge…)—to oneself, and others, and understand that others have mental states that are different from one's own,

Intersubjective Field participation—the empathetic relation between people in contrast to solipsistic/individualist experience (egoistic self-absorption with extreme preoccupation with one's feelings and desires), emphasizing our ongoing and mutual social beingness,

Social Cognition—knowledge acquisition processing, storing, and applying related to observing others within the context of social situations and interactions.

These deficits may prevent them from focusing on empathic and emotional exploration and the experience of deeper emotional levels of being.

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WHAT DOES IT LOOK LIKE?

These language deficits result in students:

- Having few friends
- Feeling disrespected
- Left out by others
- Easily feeling insulted
- Using inappropriate, awkward, or provocative language
- Being involved in interpersonal altercations
- Failure to appreciate or understand intent, emotions or humor
- Inability to properly decode metaphoric language
- Exhibiting an absence of both self-perception and objectivity which is a description of developmental pathology

Behaviors can be a result of the impaired functioning of the complex interrelationship function of language by the speaker. It results in misunderstanding intent and emotions. The inability to understand conversational emotional expression through prosody is not always recognized. The tone of one's voice may have a subconscious effect in conversations and the ability of a student to understand even the most basic emotions.

In typical conversations only a 49% recognition of emotions and the intensity of emotional expressions and suprasegmental prosodic (stress, length, intonation, syllabification and tone) features occurs by children with certain disorders. They may rate 50% of expressions as more intense than they are. Recognition of emotions (dependent on eye gaze and emotional intensity) also occur at lower rates:

Happiness	58%
Anger	42%
Surprise	69%
Sadness	21%
Neutral tone	76%
Fear	49%
Disgust	93%

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Aprosodia is an acquired or developmental deficit that affects the **ability to comprehend or generate** the emotion conveyed in spoken language.

Aprosody is the **inability to properly utilize variations in speech** (facial expression, pitch, loudness, intonation, and rhythm). This is seen in children with higher functioning autism and presents as difficulty with social interactions and the inability to follow specific types of prosody (with particular meaning and morphosyntactic - how words are combined into larger units such as phrases and sentences).

Neurological damage to the non-dominant hemisphere that structurally mirrors the Broca's and Wernicke's areas assists in the understanding of prosody and the nonverbal components of language.

- Motor Aprosodia is due to neurological damage to the Brodmann areas 44/45, the Broca's area of the left frontal lobe.
- Damage to the right inferior frontal gyrus causes difficulties in producing language with emotional context. The ability to communicate one's own emotions or emphasis by voice or gesture.
- Damage to right superior temporal gyrus causes deficits in understanding emotional aspects of language or emphasis in the voice or gestures of others.

It is important to identify the nature of the language deficit, within the highly complex system of language, so a related service provider can develop teach, integrate and guide more efficient language interventions that result in more positive and timely outcomes within programming.

Identification of the specific learning deficit is better than throwing behavioral spaghetti/interventions against the wall to see what sticks/ works.

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PUNISHMENTS ARE COUNTERPRODUCTIVE

IMMEDIATE AND EARLY INTERVENTION IS NEEDED

Behavior is a skill deficit and an expression of pain, frustration, helplessness and an asking for help. It is a way for them to provide a sense of visibility, so they will get assistance in regaining some control, and alleviate the feeling of helplessness.

"***Repeated behaviors reinforce behaviors that result in chronic or long-term use. The more time the brain spends in an agitated state the more the brain will get accustom to remaining in a state of fight or flight. It is thus less likely that a behavior specialist can modify the behavior in a timely manner because (the student) has become so use to their brain being in that state". (per a Pediatric Psychiatric Report)***

Punishing these behaviors is ineffective because they are a manifestation of their disability and not purposeful. It would be like punishing a short person, like myself, for not being able to reach the top shelf. Accurate Identification of the actual educational needs and skill deficits needs to occur and then remediation with use of specially designed instruction, accommodations and modification to their education, so they can access their education and community, until they acquire mastery of skills and/or functional independence across different natural environments or settings.

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FEELINGS OF PARENTS

CONSTANT STRESS AND JUDGMENTS FROM OTHERS!

As parents we are constantly stressed and try to **predict, prevent or manage**: meltdowns, provocative language, offensive behavior, and oppositional behavior. The result is feelings of being a terrible parent. We are constantly on high alert and monitor our children's actions and mood. As parents we realize that our children are not misbehaving on purpose and fear for their safety in the community. Other parents, our community, schools, police, and criminal justice system do not realize that equal is not always fair and different children require different supports based on their needs.

We need educational advocates and schools to help us identify our children's needs (skill deficits) in their school evaluations and IEPs, so we don't have to attend the horror of a Manifestation Determination Meeting (where the school district may want to expel a student) . Our children have neuro-behavioral differences, and skill deficits that prevent them from being in control of their reactions until they learn appropriate replacement behaviors or coping skills. They are not bad kids. Skill deficits need to be assessed so appropriate behaviors can be taught to replace the undesired behavior. We need help in teaching our children how to cope and manage around the manifestations or symptoms of their disability.

The majority of our social reactions and actions are intuitive or automatic. When our children react socially they must first get their sensory system regulated and ready to to attend. They then have to analyze and think at their current processing rate. They need to think out each action in great detail. It is exhausting to them! They have to figure out multiple steps and actions in the chaos of their misperceptions, which take time, significant cognitive effort, and physical energy. It is constantly a drain on them!

WE MUST RECOGNIZE THE SKILL DEFICITS AND THE BARRIERS, THAT WE SET UP OR MAINTAIN, THAT PREVENT STUDENTS FROM SUCCEEDING SOCIALLY AND ACADEMICALLY.

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The behavior that we have to deal with as parents is behavior that puts our children and others at risk of being hurt. Many children come home from school and let loose with multiple behaviors because they have held it together for the whole day. So our embarrassment due to lack of community understanding compounds the stress we feel when we try to safely handle our children.

Sometimes these behaviors would be considered criminal behavior, if exhibited by a neuro-typical child.

People tend to attribute these behaviors to the parenting skills and many parents tend to blame themselves. This is compounded when inappropriate forms of intervention are used due to lack of experts available to appropriately identify areas of need and consult on appropriate treatment/ intervention plans. This includes the common use of negative consequences, which may actually increase the occurrence of these behaviors.

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CAUSES OF DYSREGULATION

Behaviors are a student's way of communicating their discomfort, upset, fear and stress and it gives them time to process what's happening in their highly stressful and unpredictable world.

We must directly teach the skills that they have not acquired. This is done through the use of a task analysis, accommodation for the lack of these skills until acquired and generalized and modification of their environments and our demands so they can access their education, community and relationships.

This may include addressing:

- A lack of anger memory
  - Forgetting what was said or done during anger or rage
- A limited vocabulary or scripts used to express emotions
- Anxiety
- Attentional difficulties
- Bullying Victimization
  - 75% of children with ASD are bullied, vs. 4-10 % of other children.
  - They are badly mistreated by society and peers and they live in a constant state of heightened stress.
- Central coherence deficits
  - Placing information in context in order to give it meaning)
- Communication deficits in higher functioning children
  - Mapping of special prosody with particular meaning and grammar structure and clitic pronouns (linked words—I've, I'd've)
- Concrete and literal language interpretation
- Context blindness—Caetextia
  - An inability to keep track of multiple interconnecting variables and reprioritize changes by referring to a broader context that contains their history.
  - This results in an inability to adjust behaviors or perception to deal appropriately with interacting variables and the shifting social context of one's actions and the actions of others.

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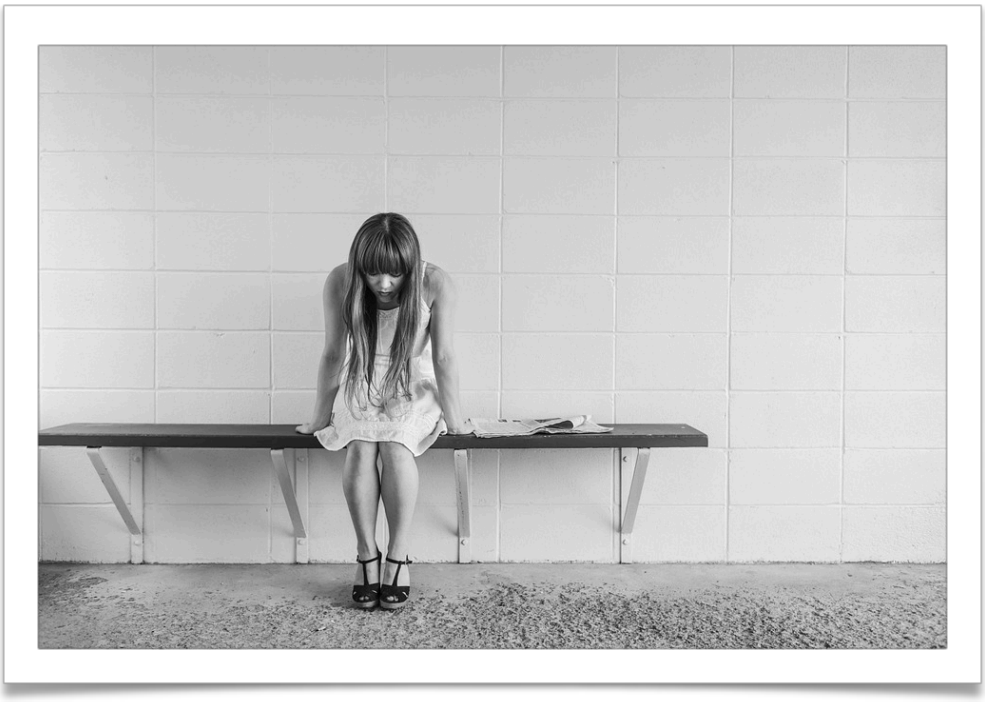
- Coping skill deficits
- Executive function deficits
  - Attention, flexibly, planning, memory, organizing and problem solving
- Fear of inconsistency or change /rigidity
- Fear of risk taking
- Handwriting deficits
- Immature conflict resolution skills
- Immature reflexes
- Inaccurate interpretation of social situations
- Inconsistent performance
- Intolerance of imperfection



- Lack of inhibition – impulsivity and severe invisible disinhibition
- Learning disorders
  - 50% of those on the spectrum have a learning disability
- Low frustration tolerance
- Mental health issues
  - 65% of individuals on the spectrum also have mental health disorders
- Negative feelings and poor frustration management
- Obsessive compulsive behaviors
  - Compulsive behaviors provide temporary relief from increasing anxiety

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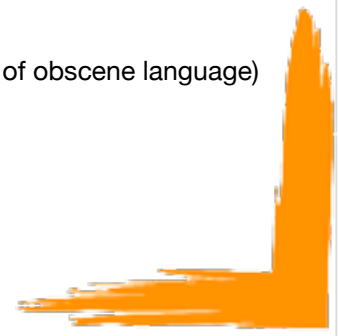
- Severely restricted interests
- Highly repetitive behavior

* Poor adaptive skills
  - To manage change in plans and transitions
* Poor self monitoring skills
* Pragmatic language skill deficits
  - Impaired non-verbal expression,
  - Literalness,
  - Lack of understanding of emotions, sarcasm or humor
* Processing delay
* Reading difficulties
* Replacement behavior identification
  - With positive reinforcement
* Relationship skill deficits
* Rigidity—Lack of flexible thinking
* Self-identification and self-advocacy
  - A student may refuse supports and accommodations because they do not want to be singled out or be different.
* Semantic or syntactic abnormalities
* Sensory integration deficits and dysregulation
* Social skills and social cognition deficits
  - Difficulties with social interaction
  - Limited social imagination
  - Poor social communication
* Theory of Mind deficits—ToM
  - Ability to attribute mental states, beliefs, intentions, desires, emotions, knowledge, to one, and to others, and understand that others are different from our own.
* Tics
  - Coprolalia (involuntary and repetitive use of obscene language)
  - Thought and emotion tic management
* Untreated agitated depression



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SUPPORT PROGRAM QUALITY INDICATORS:

WHEN A CHILD IS HAVING DIFFICULTY -

THE FOLLOWING SUPPORT PROGRAMS SHOULD BE CONSIDERED:

Academic Instruction and Support

Standards-aligned, research based programming and instruction with modifications, adaptations, accommodations in the least restrictive environment, with effective instruction, based on individualized needs.

Social-Emotional Instruction and Support

Use of a variety of approaches and teaching of skills to meet individual instructional needs, so to strengthen their social and emotional skills of:

- Self-awareness
- Self-management/emotion regulation
- Social awareness
- ToM - Theory of Mind skills
- Relationship related social skills

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- Responsible decision making
- Use of social cognition to achieve social competency

There needs to be provided a high level of opportunities for practice, feedback, and generalization.

Behavior Management

The use of strategies for prevention, intervention, and crisis de-escalation, with a focus on proactive positive behavioral plans and interventions. Decisions need to be made based on data analysis.

Staff Collaboration and Communication

Research based programing and coordinated family/ caregiver training, involvement and communication with a focus on providing successful outcomes for the student.

Evaluation and Assessment

Identification of educational needs, documentation, and reported process towards Individualized Education Program (IEP) goals, grading and report cards. Regular determination of ongoing educational needs for IEP development, based on functional performance assessments.

Post-Secondary Transition

A results-oriented process, that is focused on improving the academic **and functional achievement** of the child with a disability to facilitate the child's movement from school to post-school activities. This includes post-secondary education, vocational education, integrated employment, continuing and adult education, adult services, independent living, and community participation (including recreation and leisure skills), post-high school planning and transition, as well as graduation. It should be based on the individual child's needs.

Professional Development

Procedures for training qualified individuals to provide the research based programing and interventions needed by the student.

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IEP DEVELOPMENT

SPECIALLY DESIGNED INSTRUCTION SUGGESTIONS:

- 4R breaks - Refresh, Reset, Refocus, and Return Ready to work breaks
- After becoming calm, have the student explain what class rule they broke, and what they could do differently next time – focus is on problem solving not punishment
- Allow for time away from a stressful situations
- Assign a positive partner to encourage interaction and more self confidence
- Avoid all power struggles
- Be brief, succinct, and to the point when explaining
- Break down assignments and directions
- Break up monotonous tasks, assignments or activities
- Check in frequently and provide reassurance and redirection as needed
- Check organization of materials daily
- Contact home frequently with progress monitoring
- Define function(s) of behaviors and what the behavior looks like and clearly document in the PBSP
- Develop a PBIP
- Develop a Self Monitoring system with the student
- Distract or redirect them from the anxiety producing situation
- Document how anxiousness initially presents itself before unwanted behavior:
  - Difficulty Speaking
  - Feeling overwhelmed
  - Has Upset Stomach
  - Feels Sick
  - Tight Chest
  - Sweaty Hands
  - Weak Legs
- Document what makes him become anxious. It occurs when:
  - He has a fear of ____(buzzing lights, noise, smells)
  - Talking to kids
  - Having to do everything just right
  - Taking a test
  - Asking a question

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- There is too much work

* Do frequent check ins
* Do not have them do unfinished work during recess or unstructured time since that is a punishment. They need time to regulate their sensory system and “let off steam”.
* Engage student and call on them frequently
  - When they have the answer
  - Use frequent eye contact

* Explain directions (preteach is necessary)
* Functional Behavior Assessment (FBA)
* Have student repeat directions back in their own words
* Help student start assignment and reassess understanding
* Model appropriate language
* Move to alternate placement in class
* Offer alternative modes of completing assignments
* Offer Alternatives To Suspension in the PBSP
* Offer frequent breaks or activities
  - Movement breaks to increase energy, and increase ability to self regulate
  - Send student on errand
  - Allow for a snack break
  - Remove from room
  - Assign a classroom job
  - Structured breaks
* Offer forced choices
* Offer music to listen to

- Offer sensory strategies
  - Stress ball, fidget or sensory seating
- Provide an Individual work space
- Provide counseling as a related service
- Provide individual & visual schedules
- Respond in a non-emotional, neutral and calm state and tone
- Response To Intervention (RTI) data and analysis done weekly
- Teach conflict resolution and coping skills and monitor generalization
- Teach mindfulness techniques and reinforce
  - Teach deep breathing
  - Use a calming area
  - Teach Visualization of a safe place
  - Teach Relaxation Techniques and monitor use as a replacement behavior
  - Write down in worry journal what is bothering them and what they can do about it.
  - Positive thinking exercises
    - Issue / current negative thought/ positive thought - reframe
- Teach relationship/ friendship skills and monitor generalization
- Teach social skills and social cognition problem solving and generalize
- Teach substitute/replacement words or scripts
- Use clear, logical, consistent, and predictable consequences
- Use daily ABC behavioral forms for data collection
- Use “if ___—then ___” contingencies
- Use motivators, incentive or token economy and rewards
- Use non-verbal cues & signals and document
- Use of a reflection sheet
- Use of headphones
- Use of planned Ignoring
- Use praise frequently
  - To acknowledge positive behavior
  - When cooperative with a good attitude
  - When on task
  - When using coping skills

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- Use **Restorative Justice** techniques
  - Research shows that restorative justice conversations improve a school's climate by having students develop the skill of empathy (understanding how the other person perceived the conflict) and the staff learns how to support students better.
  - Use of Peace Circles that use discipline and reconciliation based on talking and learning the root cause of disciplinary issues, vs. depending on the traditional detention of suspension punishment methods.
  - Use of Students Taking a Right Stand (STARS), to understand and reduce racial disparities in school discipline with counselors specializing in restorative justice. This resulted in an immediate 20% reduction in referrals.
- Use sensory interventions
- Use social autopsies
- Use stories predicting social events and appropriate responses
- Use structured routines
- Use visual or kinesthetic timers so they know when they can take a break or stop

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SOCIAL COGNITION GOAL SAMPLES

To be taught by trained counselors or therapists.

1. STUDENT will learn, identify and independently demonstrate understanding of the **Functions of Attitudes (knowledge function, adaptive function, self-expressive function, ego-defensive function)** as demonstrated in 4 consecutive individual sessions with age appropriate and novel scenarios based on the following criteria/ definitions:

Knowledge function: accurately predict what is likely to happen, ascribe causes to events and direct attention towards features (verbal and nonverbal) of people or (seen and unseen) situations that are likely to be useful in making sense of them, giving them a sense of control vs. using use a stereotyped attitude for judging a person or situation.

Adaptive function: express and initiate socially acceptable attitudes, understanding that people will reward them socially and with their work with approval and social acceptance**.**

Self-expressive function: ability to positively communicate or assert their identity verbally (express his core values, self-concept, and beliefs) and non verbally- (cloths and hygiene)**.**

Ego-defensive function: decreased inappropriate use of his defensive attitude and use of denial, inability to accept ownership, repression, projection, rationalization, scape-goating and justification that protects their self-esteem or that justifies actions that make them feel guilty. And use of a positive attitude to boost their self-esteem.

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2. When presented with an age appropriate scenario or when STUDENT provides a situation, STUDENT will (with support fading to independence) be able to accurately identify in 4 consecutive individual sessions the **Evaluation, Potency** and **Activity** of the **Functions of Attitudes**:

Evaluation: will determine whether they accurately identifiy positively or negatively the Function of Attitudes and how it affects others ToM.

Potency: will determine how powerful the topic is for them (e.g. unkind – kind, strong—weak, important – not important, expected—unexpected, responsible—irresponsible, successful —unsuccessful…).

Activity: will determine whether the topic is seen as active or passive (e.g. active / intentional – passive /not intentional) and how it creates favorable attitudes, cognitive responses, and intentions

3. When STUDENT identifies maladaptive functions he will be able to (with support fading to independence) work towards **identifying and applying an adaptive function to replace the maladaptive function**. (*Use a behavioral definition of functions*) As demonstrated by a 25% improvement in functional performance from the following baselines:

- Sense of responsibility and dependability as measured by **timely homework completion.** (weekly analysis)

- **Flexibility and willingness to adapt to new challenges and situations** as demonstrated by _____(weekly analysis)

- **Positive tolerance of others** as demonstrated by his willingness to be a part of and fit into social groups/clubs, seek out others who share his attitudes, and develop similar attitudes to those he likes, as demonstrated by _____ (weekly rubric).

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4. The (adolescent) STUDENT will independently demonstrate the ability to accurately explain and answer the following Value-Expressive, Instrumental and Social Function statements accurately, in 4 consecutive individual sessions:

VALUE-EXPRESSIVE FUNCTION

1. My attitudes toward _____ speaks a lot about me as a person
2. Based on my attitude toward _____ it can be concluded how I am as a person
3. Declaring my attitude toward _____ I present some image about my self.
4. My attitude toward _____ represents my general principles and values.
5. With my attitude toward _____ I express my own values and life principles.
6. My attitude toward _____ enables behavior in accordance with my values.
7. Through my attitude toward _____ others can figure out the real me.
8. My attitude towards _____ is in accordance with my self-image.

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INSTRUMENTAL FUNCTION

9. I have personal interest related to _____.
10. _____ has connected with something I want, need or should need. .
11. _____ is or can be related with my interests.
12. _____ can be beneficial or harmful for me .
13. _____ has or can have significant consequences for me. .
14. _____ can reflect on my life.
15. By _____ I can achieve some wanted or I can avoid some unwanted consequences.

SOCIAL ADJUSTMENT FUNCTION

16. By declaring or not declaring my attitude towards _____ I can manage with…
17. positiveness or negativeness my relationships with others. (OTM OTM —on the mind out the mouth)
18. My attitude toward _____ is important to close persons because…
19. My attitude toward _____ has a consequences on my relationships with others.
20. By _____ I can manage my relationships with others.
21. By my attitude toward _____ I can avoid unnecessary misunderstanding with others.
22. My attitude toward _____ is important for my friendships because _____
23. Changing my attitude toward _____ should have consequences on my relationships with close persons.

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SUSPENSIONS ARE NOT RESEARCH BASED

The suspension or expulsion of students with emotional/ behavioral/learning disorders are not research based interventions and do not result in a change of behavior and can reinforce behaviors by allowing escape and avoidance.

Long-term or multiple suspensions or expulsions violates the Individuals with Disabilities Education Act (IDEA) that ensures students with a disability are provided with Free Appropriate Public Education (FAPE) that is tailored to their individual needs.

Education research clearly indicates and has consistently shown that high rates of suspension result in negative outcomes for suspended students and the school community including:

- Contributing to increased crime in surrounding communities (Casella, 2001)
- **DISPROPORTIONAL - OVER-REPRESENTATION OF MINORITY GROUPS (3-4X MORE OFTEN) IS OCCURRING AND THEY ARE MORE SEVERELY PUNISHED FOR LESS SERIOUS INFRACTIONS**
- Does not address a culturally or disability responsive classroom management system
- **NOT ADDRESSING EMOTIONAL & MENTAL HEALTH ISSUES COVERED UNDER IEP OR 504 PLANS.**
- Increased dropout rates
- It actually creates significant damage to educational opportunity, student outcomes and the learning environment
- Lower academic achievement on standardized tests (Skiba & Rausch, 2006)
- No change in the inappropriate behavior of the student suspended
- No determent of other students modeling from engaging in the same behaviors (Skiba, Peterson & Williams, 1999, 1997)
- No increase in school safety (Skiba, Cohn, & Canter, 2004)

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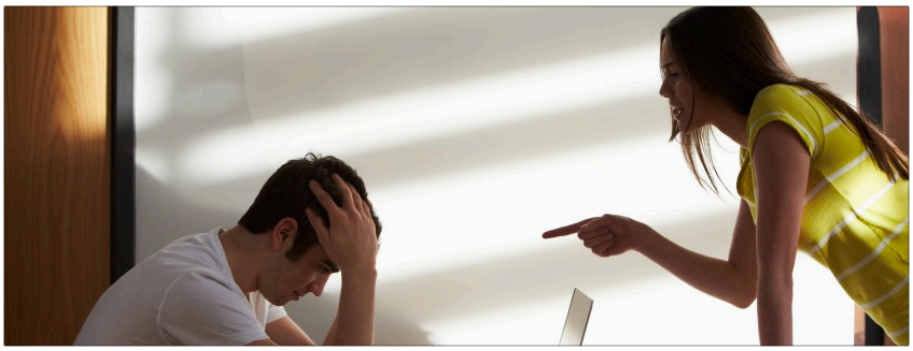
- Poor school climate
- Promote the school-to-prison pipeline
  (Fenning & Rose, 2007)
- Removal of theses students does not improve the school climate
- **RESEARCH CLEARLY DOCUMENTS THAT THE REMOVAL OF STUDENTS WITH BEHAVIORS FROM THE SCHOOLS DOES NOT REDUCE THE INCIDENCES OF DISRUPTION.**
- Suspension are often viewed as a reward by the student rather than a punishment
- Suspensions are used despite all research showing that the focus on punishment alone has NO EFFECT on behaviors



- **ZERO TOLERANCE POLICIES(WHICH ARE NO THINKING POLICIES) DO NOT LEAD TO PROBLEM SOLVING OR QUALITY OUTCOMES.**
- The sad fact exists that suspensions are used maliciously to:
  - Punish the parents of students
  - Relief to a teacher vs. a child focused approach that involves **evaluations, and use of classroom supports** to assist the student and teacher
  - Administrators do not know what else to do
  - And worst of all it is used to remove undesired or disliked students and push them to dropping out
    (Heaviside, Rowand, Williams, & Farris, 1998)
  - These suspensions are almost never in response to behaviors that actually threaten school safety

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ALTERNATIVES TO SUSPENSION AND EXPULSION

CHANGE OF PLACEMENT OR PROGRAMMING MUST BE MADE BY THE IEP (INDIVIDUALIZED EDUCATION PROGRAM) TEAM FOR STUDENTS WITH DISABILITIES.

THERE ARE MANY ALTERNATIVES THAT HAVE BETTER OUTCOMES AND ARE EVIDENCE BASED THAT ARE SUPPORTED BY A LARGE BODY OF RESEARCH.

Some include:

- Actively engage schools, parents, students, and community partners and teach authentic inclusion not just tolerance.
- Build an adult-student relationship by identifying patterns of good communication and problem solving and have a clear safe authority figure they can go to.
- Bullying prevention and intervention with interventions for both bullies and victims.
- Changes in the student schedule to decrease stress
- Close behavior monitoring
- Close supervision with environmental monitoring and modifications with a focus on building a supportive school climate of belonging and welcoming with positive interactions
- Coordinated behavior approach and plan with staff /IEP team training across all environments
- Counseling about their inappropriate behavior
- Counseling focused on how their disability interferes with their learning.
- Counseling focused on problem solving
- De-escalate early any targeted behaviors and address the underlying root causes of a student's behaviors, not just the behavior
- Develop a plan to monitor and decrease suspensions and expulsions as an institution and monitor and report on monthly.
- Early identification and intervention
- Facilitated problem solving - identifying alternative behavior choices.
- Identify replacement behaviors and teach them
- Increased parent involvement to brainstorm ways to assist student

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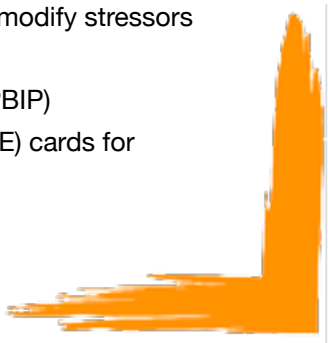
- Intervene early by identifying antecedents and remove or modify them.
- Limit the duration of out-of-school suspensions and substitute in-school suspensions for out of school ones
- Modeling of how to express disagreement or anxiety
- Modified curriculum programming for appropriate instruction
- Positive behavioral contracting which includes reinforcers for success
- Positive referrals/recognition
  - Catch the student being good and celebrate their appropriate behavior
- Provide a variety of graduated disciplinary options that can be tailored to meet individual and school needs and include in the positive behavioral plan and a crisis plan.
- Provide cultural competency (including race, disability and socio-economic) skill building to staff
- Providing school police officers, teachers, administrators, and all other school personnel with training in Autism and child development programming.
- Restorative Justice facilitation that allows the student to help to restore or improve the school environment
- Rewards (tailored to their motivation analysis) to be provided for successful performance.
- Self monitoring program of charting of behaviors and feedback sessions after fading of a 1:1 facilitator and data collector
- Systematic screening of students for potential behavior problems, and identified at risk populations and provide interventions
- Teach, model, and reinforce appropriate behaviors
- Teaching of conflict resolution, anger control strategies
- Teaching of social skills and appropriate communication skills
- Use community based services to supplement the educational programming
- Use of a predict and prevent approach to prevent the need for crisis interventions
- Use of break passes so they can independently modify stressors
- Use of peer-mediation
- Use of Positive Behavioral Interventions Plans (PBIP)
- Use Personal Responsibility In Daily Effort (PRIDE) cards for additional privileges.

Support students with the following:



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WHAT TO DO NEXT

KNOW AND DESCRIBE YOUR CHILD'S ISSUES

Describe what your child's issues look like academically, functionally, emotionally, socially, and behaviorally (across all settings, environments and personnel) and document them in writing to the school.

GET A SCHOOL EVALUATION

The school, under the *Every Student Succeeds Act* (*ESSA*) (which replaced the *No Child Left Behind Act),* is required to evaluate any areas of educational need in any environment. That includes academics and functional performance, as well as behaviors (overt or covert) since they are due to skill deficits.

DISCUSS WITH YOUR MEDICAL CONSULTANTS

Talk with your Developmental Pediatrician, OT, S/L, PT, Neurologist, Psychologist, Psychiatrist, Endocrinologist, …and get an appropriate clinical evaluation and share with your school.

GET APPROPRIATE BEHAVIORAL ADVICE

Many behavioral issues are the result of **a lack of functional or academic skill sets and a manifestation of a child's disability**. They need to be handled academically and a child should not be punished for something they do not know. Consult with a Board Certified Behavior Analyst and your schools special education director. Get a functional evaluation and a Functional Behavioral Analysis across all settings.

LEARN WHAT TO ASK FOR

If you don't know what and how to request a service, it will not be offered! Learn how to individually apply related services, type of goals, SDIs Specially Designed Instructions, modification to curriculums and types of progress monitoring to address your child's needs. Consult with a Board Certified Education Advocate to assist you in knowing what to ask for. Many parents and parent groups do not know what is available to address your child's individualized issues. Don't always believe list-serves or lay advocates. Hire advocates who have been professionally crossed trained in education, law, related services and disability case management vs just legally trained or focused ones.

CONNECT WITH THOSE IN YOUR COMMUNITY

Connect with disability support groups, reputable parent groups, and Board Certified Educational Advocates to gather information and educate yourself.

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BIBLIOGRAPHY

An Investigation of Language Impairment in Autism: Implications for Genetic Subgroups NIHPA Author Manuscripts. 2001 Apr 1; 16(2-3)287

Are there basic emotions? Ekman P (Psychol Rev. 1992)

Atkinson, Christine, 2006 Making Sense of Piaget, The Philosophical Roots Routledge, p.127

Barkley RA. Attention-Deficit Hyperactivity Disorder: A handbook for diagnosis and treatment. 3rd ed Guilford; New York: 2006.

Berryessa, Colleen M, Judiciary views on criminal behaviour and intention of offenders with high-functioning autism, 2014, J Intellect Disabil Offending Behav. 2014; 5(2): 97–106. Published online 2013. doi: 10.1108/JIDOB-02-2014-0002, NIHMSID: NIHMS668925 US National Library of Medicine National Institutes of Health

Billstedt E, et al, Neurodevelopmental disorders in young violent offenders: Overlap and background characteristics., Psychiatry Res. 2017 Jun;252:234-241. doi: 10.1016/j.psychres.2017.03.004. Epub 2017 Mar 6.

Bryan K, et al, Language Difficulties And Criminal Justice: The Need For Earlier Identification,.Int J Lang Commun Disord. 2015 Nov-Dec;50(6):763-75. doi: 10.1111/1460-6984.12183. Epub 2015 Sep 6., Royal College of Speech and Language Therapists.

Caetextia: a new definition of autistic and Asperger's behaviour. site. March 21, 2018. publisher, Web. March 21, 2018. Joe Griffin, B.SC.Hons (Psych), M.PHIL. (Psych), FHGI and Ivan Tyrrell https://caetextia.com/pages/introduction.html

Chiacchia, JD, MSCJ, Autism Spectrum Disorder and the Criminal Justice System, (2018), https://www.purdueglobal.edu/news-resources/autism-and-the-criminal-justice-system/

Defensive misperception of the emotional contents of self/other communication S. Movahedi, University of Massachusetts, Boston, USA, DOI: https://doi.org/10.1016/j.eurpsy.2016.01.1866

Differences in facial expressions of four universal emotions. Kohler CG[1], Turner T, Stolar NM, Bilker WB, Brensinger CM, Gur RE, Gur RC., Psychiatry Res. 2004 Oct 30;128(3):235-44.

Doyle, B. (2014). And justice for all: Unless you have autism: What the legal system needs to know about people with Autism Spectrum Disorders 1-2, http://www.autismspeaks.org/docs/family_services_docs/LegalSystem.pdf

Farrer TJ, et al, Prevalence Of Traumatic Brain Injury In Juvenile Offenders: A Meta-Analysis., Child Neuropsychol. 2013;19(3):225-34. doi: 10.1080/09297049.2011.647901. Epub 2012 Feb 28.

Fenning, P., & Rose, J. (2007). Overrepresentation of African American students in exclusionary discipline: The role of school policy. Urban Education, 42, 536–559.

High-functioning children with autism and their language difficulties | Atlas of Science.". March 21, 2018. publisher, Web. March 21, 2018. https://atlasofscience.org/high-functioning-children-with-autism-and-their-language-difficulties/

Howlin, P. (2004). Autism: Preparing For Adulthood (2nd ed.). London: Routledge.

Evaluations II – Related Services - Course 700, Lewis, Marie (2018), *National Special Education Advocacy Institute, Board Certified Education Advocate - Manual.* NSEAI.org

King, C. & Murphy, G. (2014). A systematic review of people with Autism Spectrum Disorder and the criminal justice system. *J. Autism Dev. Disord.*, 44, 2717-2733.

Overlap Between Autism and Specific Language Impairment: Comparison of Autism Diagnostic Interview and Autism Diagnostic Observation Schedule Scores , "Leyfer-et-al-AR-20081.pdf." site. March 21, 2018. publisher, Web. March 21, 2018. https://www.bu.edu/autism/files/2010/03/Leyfer-et-al-AR-20081.pdf

Processing of facial emotion expression in major depression: a review. *Bourke C, Douglas K, Porter R. Aust N Z J Psychiatry. 2010 Aug; 44(8):681-96.*

Recognition of Emotion from Facial Expressions with Direct or Averted Eye Gaze and Varying Expression Intensities in Children with Autism Disorder and Typically Developing Children, Dina Tell, Denise Davidson, Linda A. Camras, Autism Res Treat. 2014; 2014: 816137. Published online 2014

Research on School Suspension, 2010 NC Family Impact Seminar, School Suspension: Research and Policy Options, April 27, 2010, North Carolina General Assembly.

Skiba, R. 2004. Zero Tolerance: The assumptions and the facts. Education Policy Briefs,, 1–8.

Snow PC and Powell, Oral Language Competence In Community And Custodial Young Offenders, Monash University & Deakin University Australia (2010)

Snow, P.C. & Sanger, D.D. (2010). Restorative Justice Conferencing And The Youth Offender: Exploring The Role Of Oral Language Competence. International Journal of Language and Communication Disorders. August 18, 2010.

Social language lapses hint at syndrome distinct from autism | Spectrum | Autism Research News. site. March 21, 2018. publisher, Web. March 21, 2018. https://spectrumnews.org/opinion/social-language-lapses-hint-at-syndrome-distinct-from-autism/

The identification and management of ADHD offenders within the criminal justice system: a consensus statement from the UK Adult ADHD Network and criminal justice agencies , Susan J Young, et al, BMC Psychiatry. 2011; 11: 32. Published online 2011 Feb 18.
DOI: 10.1186/1471-244X-11-32P

The Interface of Syntax with Pragmatics and Prosody in Children with Autism Spectrum Disorders. - PubMed - NCBI. site. March 21, 2018. publisher, Web. March 21, 2018. https://www.ncbi.nlm.nih.gov/pubmed/27209514

Talk it out: Restorative justice techniques help school communities rethink approaches to discipline, Grace Tatter, February 16, 2015, Restorative Justice, https://www.chalkbeat.org/posts/tn/2015/02/16/talk-it-out-restorative-justice-techniques-help-school-communities-rethink-approaches-to-discipline/

Woodbury-Smith, M. & Dein, K. (2014). Autism Spectrum Disorder (ASD) And Unlawful Behavior: Where Do We Go From Here?, *J. Autism Dev. Disord*. 44, 2734-2741.

Woodbury-Smith M *& Dein* K,. J Autism Dev Disord. *2014* Nov;44(11):2734-41. doi: 10.1007/s10803-014-2216-5. Autism spectrum disorder (ASD) and unlawful behavior: where do we go from here? Department of Psychiatry and Behavioural Neurosciences, McMaster Children's Hospital, McMaster

Young, S. et al., A Meta-Analysis of the Prevalence of Attention Deficit Hyperactivity Disorder in Incarcerated Populations, *Psychological Medicine* 45.2 (2015): 247–258. *PMC*. Web. 30 Apr. 2018.

Zlatev, Jordan & P. Racine, Timothy & Sinha, Chris & Itkonen, Esa. (2008). Intersubjectivity: What makes us human?. The Shared Mind: Perspectives on Intersubjectivity. 10.1075/celcr.12.02zla.

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ABOUT THE AUTHOR

- Marie Lewis is in private practice, as a Neuro-Developmental Disability Case Manager, offering Education & Behavior Consultant services in all 50 states.
- She has been the Clinical Director, and on the faculty, at the National Special Education Advocacy Institute since 2008, in their Board Certified Education Advocacy (BCEA) program.
- She is a nationally recognized expert in the areas of Autism, Transitional Planning and Inclusion and a sought after speaker and lecturer nationally for disability groups, school districts, parent support groups and continuing medical (CME) and legal (CLE) education programs.
- She was an Adjunct College Professor in a Criminal Justice program, specializing in Juvenile Delinquency and Psychology courses.
- She has testified before the US Department of Education, and in State and Federal Court cases. concerning issues related to a Free and Appropriate Education and Transition Planning.
- She has been a consultant to special needs private schools and special educational law programs in multiple states.
- She has served on the advisory boards and boards of national and regional disability related organizations like:
  - PA Center for Autism and Developmental Disabilities Research and Epidemiology (CADDRE) - Advisory Board Member
  - COPAA Development Committee
  - Board and Legislative Committee - Chester County ARC
  - Arc of PA - Adult Committee
  - Hope Springs Equestrian Therapy -Board Member
  - Consultant and coauthor of the ARC of Philadelphia National Walmart Transition Grant received from the Walmart Foundation School-To-Community Transition Project
  - Transition Council of Philadelphia - Member
- Dr. Lewis has been honored and received citations from the:

  U.S. House of Representatives

  Pennsylvania State Senate, as well as the

  2017 U.S. President's Volunteer Service Award for:

  "…her tireless work in training education advocates."

  "*…her work in advocating for children in our community and for training education advocates nationally*".

  "The success of this Commonwealth, the strength of our communities and the overall vitality of American society depend, in great measure, upon the tenacity of individuals such as Dr. Lewis who use their considerable talents, energies, and resources to serve and assist others. She truly exemplifies the best qualities of the human experience, and her spirit of perseverance and compassion have greatly impacted the lives of others."
- Dr. Lewis has personally journeyed the special education maze with her own children.

PROVOCATIVE LANGUAGE

A Misunderstood Behavior in Autism, ADHD, TBI, and Tourette Syndrome

Marie Lewis, RN, PhD, BCEA

PROVOCATIVE LANGUAGE provides information on the interface between psychological practice, applied behavioral analysis, and social cognition training in an area that effects the education and welfare of children with specific disabilities like Autism, ADHD, TBI, and Tourette Syndrome and reactive rage or angry outbursts that result from a manifestation of their disability and skill defcits that can be remediated. It provides insights on working with schools, mental health providers, and the criminal justice system. It describes principles for best practices and recommends procedures to be followed in IEP and goal development.

This book is a manual for interagency practice related to the understanding of behaviors that are misinterpreted and thus result in inappropriate interventions. It also addresses the disability cultural realities and insights related to working with unique behavioral presentations specific to disabilities. This book includes a wide range of expertise necessary for: psychology, community psychology, mental health, neuropsychology, family and parents, educational psychology, behavioral analysis, as well as child, adolescent and school psychology. Dr. Lewis addresses the shared responsibilities and accountability that are loss through system gaps, due to agencies being under supported and not provided adequate training.

This information has prevented inappropriate CYS and Police involvement with children, by accurately identifying certain behaviors as a manifestation of their disability. This book will assist educational professionals, parents, and education advocates in providing appropriate and individualized services based on accurate identification of the student's social, emotional, functional and behavioral needs. It is the hope that this will assist those involved with the student's school evaluations and IEP development in addressing and implementing a Free Appropriate Public Education (**FAPE),** in the Least Restrictive Environment **(LRE),** as required under the Individuals with Disabilities Education Act (**IDEA**), the nation's special education law that provides protections and rights for children with disabilities.

COMMENTS: "Something really awful happened yesterday. I'm trying to breathe and stay positive. I got a call from the school about my oldest son (age 9, 3rd grade). Apparently, he used "provocative language" (because he was mad about an incident involving a forgotten iPad and no time to get it before the bus came). The school is going to meet with us tomorrow morning to decide how to proceed. This is obviously a manifestation of my son's disability, and I'm ready. Thank you for all of your help and guidance this year and I'm confident that I'll be able to resolve this. I'm insisting that a provocative language protocol be added to his IEP after this!"

Next Day Email:

"I was definitely anxious about the meeting this morning, but I was prepared and had confidence that I didn't have before becoming a BCEA. I left the meeting and no disciplinary actions will be taken or other agencies called. I'm so relieved! I did request an emergency IEP meeting to get, the use of provocative language, added to his educational needs and have a goal developed so he learns appropriate replacement behaviors. Never thought it would be relevant at an elementary age, but now I know better. It's good work you are doing, and I'm happy to be doing this now too!"

Mother of 3 children, MBA, Behavior Specialist, BCEA

If you need to put a 6 year old in hand cuffs, you need to go back to school! Thank you for your insight and thoroughness in addressing this difficult topic.

Special Education Teacher, MS Ed, BCEA, and Middle School Counselor

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