

CPI *Unrestrained* Transcription

Episode: Jessica Minahan

Record Date: June 24, 2015

Length: 55:30

Host: Terry Vittone

Terry: Hello, this is Terry Vittone, host of the CPI podcast series, [Unrestrained](#). And today I'm joined by Jessica Minahan. Hello and welcome, Jessica.

Jessica: Good morning.

Terry: Good morning. Jessica Minahan is a board-certified behavior analyst and special educator and director of behavioral services at the Newton, Massachusetts Neuropsychology and Education Service for Children and Adolescents, as well as a school consultant to clients nationwide at jessicaminahan.com. She is an adjunct professor at Boston University, a blogger on *The Huffington Post*, as well as the author of *The Behavior Code: A Practical Guide to Understanding and Teaching the Most Challenging Students*, written with Nancy Rappaport and published by Harvard Education Press in 2012. That book will be the focus of our interview today.

Since 2000 Jessica has worked with students who exhibit challenging behavior in both their homes and schools, and she specializes in training staff to create behavior intervention plans for students with mental health profiles who demonstrate explosive and unsafe behavior. She holds a B.S. in intensive special education from Boston University and a dual master's degree in special education and elementary education from Wheelock College. She has a certificate of graduate study in teaching children with autism from the University of Albany and received her BCBA training from Northeastern University.

So then, Jessica, let's begin with the title and what appears to be the prominent theme of your work, *The Behavior Code*. It seems that one of the main premises of the book is that problematic behavior in children is codified to the point that even those with educational credentials and experiential expertise cannot sometimes decipher the code that signifies the real behavioral issue. How did you go about naming the book, and what exactly is the behavior code?

Jessica: Yes, well, I have been in school for about 17 years now. Most of my career has been in public schools, and I feel that teachers really are lacking some of the training that I have as a behavior analyst, and I really wanted to provide teachers with a system to go about handling some very overwhelming behaviors that they're seeing in the classroom. Poor teachers have a lack of training in this country and this area, and most master's degree programs only are mandating zero or one courses in behavior management, and zero or

one courses in mental health. Yet they come into the classroom where the rates of kids with mental health [issues] are large.

So they're undertrained and overwhelmed, and I really wanted to make sure that teachers knew there was a reason for behavior, that behavior is just a way a child is communicating. And once we figure out that reason and the communicative intent of behavior, we can understand where they're coming from. Then interventions can be easier to discover.

Terry: That sounds very timely and relevant. So Chapter 1 . . . the book is written around and organized around four distinctly defined groups of students who present challenging behavior. Could you give us an overview of each group?

Jessica: Sure. We decided to pick the groups of kids that we both found that teachers struggle with the most, and the first group of kids are kids who have challenging behavior due to underlying anxiety. Anxiety is one of the more complicated factors in behavior because it can lead to some inconsistent patterns, and teachers can be caught off guard.

Another chapter is for kids with oppositional behavior, which also is very challenging to teachers. It can stop a whole classroom and derail teaching.

Terry: I remember it well.

Jessica: We always remember those students. And then the third group of kids would be kids with withdrawn behavior, and that's where we're targeting kids with depression—where the depression doesn't look in children like it does in adults—and helping teachers sort of discover that might be going on, and our interventions that we offer may not be intuitive for any of those groups of kids.

And the last one is for kids with sexualized behavior, which I think is very concerning to all of us when we see behavior in that realm, and we do have a lack of training there so I definitely wanted to focus on that. It's actually a really easy way to get kicked out of public school, sexualized behavior. And it can exacerbate things and so arming schools with information, how to target that, seemed important as well.

Terry: Excellent, thank you. Now, *The Behavior Code* focuses primarily on K through 6 students. Can you explain why that is?

Jessica: Yeah, I think the reason for that is sort of in the guise of early intervention, and our focus on early intervention is really important. I think that if children learn coping strategies (and don't decide that they're a bad kid, that school is not for them) and we work to limit the amount of school failure or problematic incidents as early as possible, we can actually change the trajectory for kids, even kids with significant psychiatric profiles.

So, really, and the other part is that an elementary school teacher has a huge influence in a child's life. There are tons of studies that say an elementary school teacher who is with a child 6 hours a day is actually spending more face time with the child than their own

parents in a week. So that's a really significant person. And if we can educate that group of teachers, we are setting a trajectory that's positive.

Terry: Do you see out there, Jessica, that the mindset is changing, where the realization is that because these kids spend so much face time in front of teachers that the teachers' influence can be critical?

Jessica: I think we've always known that, but what I find in my trainings, and the more I'm in schools, is that they're really worried about what to do with this type of child. And like I said, they don't actually have the training to be a therapist or something like that. And we don't want teachers to be therapists, but I think they're feeling nervous with the responsibility. I think teachers that I talk to feel the burden of that responsibility, but are really worried if they know what to do with these children who are struggling more significantly with psychiatric profiles and so forth. But I think every teacher knows that they're a huge part in this child's development, and the third grade year can be pivotal, the first grade year can be pivotal, and that's a huge responsibility.

Terry: No doubt.

Jessica: I feel they do know that and are worried about it actually.

Terry: So your book provides in the first chapter this framework, if you will, for teachers to begin identifying these four groups: anxiety-related, oppositional, withdrawn, and sexualized. You write that the key in the first chapter to breaking a behavior code is identifying patterns. Could you expound on that a little bit?

Jessica: Sure, that's definitely one of the keys, and I think it's a way to think about behavior, that it's not random; there's a purpose to it. That kind of realization can really give the teachers more of a productive way to go about intervening. Most behavior does fall into patterns, and we provide a way to do that which is called ABC data, which is no behavior acts on its own. There's an antecedent which is the A, which comes right before the behavior.

There's the behavior and then there's the consequence, meaning staff response or peer response. And as a behavior analyst I really can't sprinkle anything in the kids' heads and magically change their behavior. What I actually do is change the antecedents, or the triggers, and our response to it. And by changing those two factors, you can actually elicit change in the child.

Where I think teachers don't necessarily know that there can be patterns, and so when we write behavior incidents in that format, the antecedents can pop out after five or 10 incidents, on a piece of paper. "Oh, wait a minute; this is recurring." And that really helps us find a point to engage in, I think. And that's where the intervention should be focused on for sure.

Terry: I see. Well, that leads nicely into Chapter 2. You write about something called the FAIR plan. And it's a behavioral intervention plan for each of the four student groups you've

identified. Could you talk about what the FAIR acronym stands for and outline the basic structure for it?

Jessica:

Sure. So we picked the acronym because fairness comes up so much when we're consulting. So when teachers worry to me, "Well, if I do all this for this kid, is that fair to the other students?" or "We worry if we give one child a break the other students are going to say that's not fair." And what I think is the most unfair is that teachers are working really hard with certain students and because some of these interventions are not intuitive, we're spending so much time and it's not improving, and that's not fair to anybody.

The F stands for function, functional analysis, and that's what I do as a behavior analyst, and really it's just a concept that a behavior would not persist unless a child was getting something out of it and there is something maintaining the behavior. It doesn't necessarily mean it's healthy or productive, but something is maintaining the behavior, and that's the first thing to understand.

The A stands for accommodations. That's what teachers are the most thirsty for: "What can I try tomorrow?" And a lot of the interventions for kids with these mental health issues are not necessarily intuitive and teachers really . . . a lot of the information for kids with mental health [issues] is very theoretical and clinical and pedagogical, and the reason we decided to write the book is because there was this hole in the literature on how to translate that into a practical strategy or a small moment in the classroom.

So, yes, I understand he has a trauma history and I'm sympathetic to that, but when he puts his head down, unless we teach the teachers a new intervention, they're going to resort to what works with a lot of kids, like telling them to put their head up or having them miss recess because they didn't do any work. And those kinds of things are falling flat, so the A is a really heavy part of a FAIR plan, where we're understanding the psychological profile of the child and the clinical information for strategies.

The I stands for interaction strategies, and I figured this out just from working in schools for so long. What would happen is I used to write a behavior plan and I would demonstrate it for the teacher, and the child would be doing fine and getting his work done. And then I would leave, and the teacher would try to replicate that, and it wouldn't go as well. And I always thought, "Well, she's following the same plan I wrote." And what I realized is there's this interaction strategy or style in working with kids, particularly those who have psychiatric profiles like anxiety, that there's a little bit of a clinical skill in how to give a direction or how to get a child unstuck if they're stuck on a negative thought. And that's hard to sort of quantify.

For example, one of our instincts for teachers is to sort of walk towards a kid and get close when they're upset or angry. We get closer to them, and for some students, particularly students with anxiety or who have had a trauma history, that can be actually an unhelpful thing to do because it will exacerbate the anxiety.

Terry:

That would fall into the counterintuitive.

Jessica: Exactly. I think a lot of these interactions can be counterintuitive, and so when I have learned that about a student, I really try to quantify that in the behavior plan so that the teachers also have a recipe to follow in terms of interacting. For kids with oppositional behavior, the way you give a direction can really elicit cooperation or it can do the opposite, and so there's a kind of a clinical trick there. And so trying to quantify that I found as important as any other part—

Terry: So would—

Jessica: Of the behavior plan.

Terry: So would you devise your approach kind of on the fly then, depending on the student? I mean having the expertise that you do?

Jessica: Yes, and I think hearing about the student, observing the student . . . when I consult I love to observe the student before, of course, writing anything, if I can interact with them myself; that's how I first started learning how to quantify this. I would interact with the student myself, and I would almost watch myself, “Well, why did I make a joke there?” or “Why did I sit across from him, not next to him?” Because some of this is instinctual to me, and then try to translate that. Also, doing a ton of research on the psychological profiles of the kids we're talking about and knowing what are things that make kids feel unsafe that we wouldn't necessarily think, like sitting closer to a kid we would think would be a very nurturing, supportive thing to do, but for some kids that may not be.

Terry: I see. I see.

Jessica: And then **the R is the last part, and that's the response**. And I think I don't get normal emails because I'm a behavior analyst. They're always all in capital letters and exclamation points, and I always get these fire alarm voicemails and I always make fun of my colleagues because no one says, “Hi” or “How are you?” When I walk into a building, they start telling me all these stories and—

Terry: They break into complaint when they see you.

Jessica: Yeah, exactly. Exactly. And I'm like, “My weekend was fine; no one cares.” [Laughs.]

Anyway, what people are mostly asking me for is “What do I do when she's crying?” or “What do I do when she yells?” I reframe the questions quickly to more of a skill-building lens, and that's where the FAIR plan is sort of designed to really help us think about skill building. Because it's not just our response, which is what I think we traditionally think of as a behavior plan, like if I say, “Give him a time out” or “Have them move seats” or something like that in response to the behavior.

But with kids with psychiatric profiles, by the time they're exhibiting behavior it leaves a much smaller window to intervene than we had 5 minutes before that, or 10 minutes before that. And I think really the emphasis is on prevention. In the response section I definitely give examples of how to respond in a more helpful way and what things to

definitely avoid. For example, kids with anxiety, when we talk about the function, or the F, the function of their behavior is often escape. And we can relate to that. I don't know if you ever procrastinate when you have something to write about.

Terry: Of course.

Jessica: And we're neurobiologically wired to avoid things that are stressful, and so kids with anxiety are huge avoiders, and so the function is often escape. So some teachers' instincts, for example, if I ripped up a math paper during class and you came to me and said, "Go sit in the hallway because you're being disruptive," you just accidentally reinforced a behavior because I actually wanted to avoid math.

Terry: That's the reward that they were seeking, which is isolation.

Jessica: Yeah, and it's a little counterintuitive, because we don't think about that. But he actually successfully avoided it, so unfortunately that intervention, that response, will *increase* the likelihood he rips up the math paper the next day, which is exactly the opposite of what the teacher intended by having him sit in the hallway.

So, sort of some guidelines around the response, but really for the FAIR plan the emphasis is on prevention. And I think the two things that I see, and the reason I really emphasize the FAIR plan, is because what teachers do because of the lack of training in mental health is we use traditional methods of behavior management. And the two things I see missing the most in behavior plans for kids with psychiatric issues I would love to supplement or add onto is the preventative piece and skill building.

So where's the adequate antecedent management, or if we know the triggers, how are we reducing those? And I think that would be the heavy lifting, and the second part would be the skill building. So, where are we teaching this child to catch themselves getting a little anxious and calm down before it leads to behavior? And I think of a behavior plan, a FAIR plan, as a teaching plan. Teaching kids skills for coping and skills for achieving behavior. So you really have to teach them how to overcome some of these issues like anxiety or really inflexible thinking, if we're talking about kids with opposition, and then cope with it.

Terry: Do you find that CPI's *Nonviolent Crisis Intervention*[®] training is an effective prevention methodology in the case of the K through 6 venue?

Jessica: Yeah, I was a CPI Instructor for probably five or six years in public school and certified for a long time. And the emphasis for CPI also is prevention, so they also talk about sort of the escalation and appropriate responses to get the kid down off the escalation. And those are really, that's a really nice construct; that's a preventative construct that is really helpful for teachers. And I think it's empowering; if I can nip it at this level it's not going to lead to this bigger thing. With these systems like ABC data I can start to predict some of these issues and prevent them from the start.

Terry: I see. Well, Chapters 1 and 2 of *The Behavior Code* provide the reader with a detailed overview of these students, and outline an evolved strategy to accomplish this meaningful,

positive change. And then the book goes on to describe in detail the four different student groups that you outlined in Chapter 1 of the book. So, can we get into some depth about these different groups? Chapter 3 is called Get Away From Me, and it's concerned with the anxiety-related behavior group. Could you give a general description, Jessica, or talk about how we may recognize a student with anxiety-related behaviors?

Jessica: Yeah, I think kids with anxiety are really prevalent, and that's why I think this chapter is really useful. The most feedback I get is about this chapter, that the National Institute of Health says 25.1% of children ages 13 to 18 have clinically significant anxiety in their school years at some point. I've seen those rates up to 33%, so it could be a fourth or a third of the classroom.

Terry: Do you think that's a cultural byproduct or is that—

Jessica: Well, there's a couple theories why anxiety is increasing, and unfortunately it's going up every year. And the couple main theories, one is that there's an academic pressure that's different nowadays. The Common Core, if you Google the Common Core and anxiety, it's been around enough that research is coming out that when we do so much academics in preschool and kindergarten—you know kindergarten used to be nap time and play dough—and now they're doing reading groups and so forth, so a little five-year-old can already feel stressed and feel stupid because developmentally they weren't really there yet for reading. And so . . .

Terry: That could produce anxiety.

Jessica: Yeah, and also ask any kindergarten teacher; she'll tell you that or he'll tell you that. And also, we're doing academics instead of the social and emotional skills. Like I was saying, some kids need to learn how to cope, and that's what you're really learning in kindergarten, traditionally. And now the academics are sort of usurping that education of how to share, how to deal with waiting, how to not get your way all the time. And if we miss that instruction, there is a trajectory there.

Social media is another big theory, that school used to end at 3 on Friday and start again on Monday morning when I was in school. Hopefully you were in a nice nurturing environment during that weekend. But now if you're being bullied or excluded or just stressed that you might be, that goes on all through the weekend. So many, many teenagers are staying up till 2, 3 in the morning checking Facebook or Myspace or Instagram, worried about these issues, this social stress. And there really isn't a break from it.

And the main category of issues is that kids aren't using downtime like they used to. So some kids who have less resources are on the computer, or all kids are on the computer a lot, and what that does to your brain is it keeps you very, very stimulated. Whereas when I was five years old, I used to go to my grandmother's house, my brother and I, and we did a thousand-piece puzzle. That's all we'd do on a Saturday, and we weren't even bored. And we'd eat graham crackers and do a thousand-piece puzzle and think about how calm and quiet and organizing that is, whereas now it's busy.

Terry: And when you throw in the graham cracker you've got the whole picture, really.

Jessica: Exactly, we had to share the graham cracker; we had to figure all that out, the whole thing.

Terry: Well, talk about some nice relaxed coping skills there, to do a task with somebody in a pleasant and constructive way.

Jessica: Yeah, I think so. A couple things that we do commonly in school that we're just a little off the mark on for kids with anxiety are we do breaks a lot. So frequent movement breaks I think are on an IEP. (I think it prints out on the form now automatically.) I think we give that accommodation to a lot of kids, and what's so interesting about that is movement doesn't necessarily help a kid calm down if they have clinically significant anxiety.

So for example, if you say to a child struggling with social anxiety, "Go get a drink of water and come back," what happens is, with kids with anxiety, it's they have negative thinking. So all of us, when we're stressed, we have negative thinking. If you were late for a really important meeting and you hit traffic, we're not thinking calming, comforting thoughts in that moment, right? We're doing the opposite. We're doing all-or-nothing thinking and catastrophic thinking. Those are the two categories of thinking most people engage in when they're stressed. So "Oh my gosh, I'm going to embarrass myself; I'm so unprofessional." We think all these horrible thoughts and we make it worse.

So a person with an anxiety disorder is doing that all through the day, having these negative thoughts, and it's an invisible process that's fueling a lot of avoidant behavior and challenging behavior. So for example, when a teacher sees a kid is not doing work or looking upset and says, "Okay, go get a drink of water," what they accidentally did there was left them alone with their negative thoughts. So when a kid with social anxiety goes to get a drink of water, they're out there thinking, "Oh my gosh, who am I going to sit with? No one likes me. I shouldn't even bother to go in there." And they come back actually worse. More anxious.

Or a kid with academic performance anxiety goes to get a drink of water and comes back. So they go out in the hallway, get a drink of water, "Oh my gosh, I'm going to fail the quiz. What if she asks me that one question I didn't know on the homework?" Now they go and hide in the bathroom for 8 minutes and then come back more anxious. So it can be a counterintuitive thing that, again, teachers don't have training for, this negative thinking issue. And so the movement break is the attempt at helping a child cope, but it actually can do the reverse.

So one thing I talk a lot about in the book and quite a bit in the second book is I suggest adding a cognitive distraction as part of the break. So for example, I had a little girl, seventh grade girl, who was picking all the skin off the tips of her fingers. It was really bad and she was just such a nervous child, and I asked them, "Well, what are we doing to mitigate the anxiety?" And they said, "Well, we're letting her draw and color, because she's such an amazing artist."

And this child had some eating disorders and body image issues, so when she was drawing and coloring she was actually stewing in these thoughts: “Everyone thinks I’m fat. I just blah, blah, blah,” and the picking got worse and worse and worse. So she was festering in anxiety, kind of, which of course the teachers didn’t intend. So what we changed it to was we had her read a book, record a book for a younger child with dyslexia, and that’s what she did during her breaks.

And you can try this later, but if you read out loud it’s really incompatible with having a separate thought. So for some of my younger kids, like *Where’s Waldo* books or those hidden picture kind of things, or my older kids do sudoku or Mad Libs or something like that on a break, and they actually will get calmer because you’re reducing that negative thinking. So that’s one example.

Another example I think for kids with anxiety is . . . I always make the joke that a lot of times we tell kids to calm down when they’re screaming and crying, which often doesn’t work. And my mother used to scream, “Calm down!” at us, which also really doesn’t work. So what we forget to do is teach them how to calm down. And teachers, we’re very stressed, so we’re not even that good at it, actually, ourselves. It sounds kind of obvious now, but it’s a really important thing, a step we’re missing for a lot of kids, that they actually don’t know how to calm down. They feel like they go from 0 to 60; they don’t know that they’re getting upset.

So one thing that I have done in a lot of my FAIR plans is put in practicing of self-calming. So if there’s a little bean bag area in the back corner of the third grade classroom, the child can go back there two times a day for 5 minutes and practice self-calming in the bean bag chair, over and over. Don’t read there; don’t talk there; don’t do other things there. Just practice, practice, practice. Then when they’re actually upset and they get irrational, the bean bag will kind of cue some automaticity. Just like you’re rehearsing multiplication facts so that when you’re nervous on a test you can still retrieve them. If you practice self-calming when you’re calm, it can actually work when a child is upset. And I think we often do the opposite; when they’re upset we start coaching strategies, and it’s hard for kids to learn.

Terry: Would the bean bag chair be an example of (you talk in the chapter about structure and structure transition), would that be an example of structure? The bean bag and just noticing that as a calming effect and so forth?

Jessica: Yes, and in trauma-informed schools, all the literature there often talks about having a calming corner or peace corner in the classrooms. Just knowing that children have this underdeveloped skill of self-regulation and that it needs to be part of the classroom. If we’re talking about the rates of one-fourth to one-third of the kids suffering from anxiety, then that is a really helpful, whole-class sort of structure.

Terry: I see. I know a lot of teachers are going to be really interested in Chapter 4, called You’re Not the Boss of Me. And this is about students with oppositional behavior, and for the purpose . . . Oh, Jessica, also you mentioned a follow-up to *The Behavior Code*. Could you briefly describe that for us?

Jessica: Sure, that's called *The Behavior Code Companion*. I wrote that to answer some of the questions that I have been getting since *The Behavior Code* came out. And most people were asking me for more information and more strategies, like the breaks and the teaching self-calming, for kids with anxiety-related behavior and oppositional behavior. So it's sort of helping teachers walk through and implement some of those strategies.

And there's something called Tips strewn throughout. It's almost like me sitting with a student, reminding if he's just starting this he might want to remember this, all throughout the book. Also, I focus on how to infuse technology because I think more and more schools are getting some iPads, are getting more technology, and that's a whole world of interventions that we can use through technology. So there's also tips for how to support some of these skills through technology, but the main focus being anxiety-related and oppositional. So just to your point, teachers are definitely asking for strategies for kids with oppositional behavior as well.

Terry: I would bet. Well, it seems like a very useful and practical companion to *The Behavior Code*. So oppositional behavior, what are some typical attributes of students who present this kind of behavior?

Jessica: Yeah, so for kids with oppositional behavior, they often have an inability to follow directions. They have an organic cognitive sort of inflexibility, is what it's called. Meaning when they have an idea in their mind it's really hard for them to shift off of that.

Terry: And this is now a clinical diagnosis? Organic cognitive—

Jessica: Yeah, it's called cognitive inflexibility, and it's sort of a psychologist's way of describing the way the brain is wired for someone with oppositional behavior, that they're quite inflexible.

Terry: I see.

Jessica: Which is problematic in almost all of school and life. So for example, if you say to a child who's very flexible, "Oh honey, I'm sorry. You can't have the computer today; it's broken," a flexible child will shift from the idea of computer to something else.

Maybe they're mad for a second, but then they'll say, "Oh okay, I'll go and do coloring."

Where the child who is inflexible can't shift to a new idea, so if you say, "Oh, you can't have the computer today," they'll say, "Well, can I just have it for 5 minutes?"

And you say, "Well, no. Actually. . ." and you get this sort of broken record problem, like, "Well, no. Actually, I just said you can't have it."

"Oh, it'll just take me a second."

"Well, no you can't have it."

"Well, can I please have it?" And then they escalate, and you sort of get this broken record stuck person. And that's due to inflexibility.

Terry: I'm wondering what accommodations you would offer that sort of inflexibility.

Jessica: Yeah, I think that with inflexibility one thing that teachers commonly do is something called "caught being good." I think that's pretty . . . most teachers are familiar with that, where you just see a kid doing the right thing and sort of, to increase positive reinforcement, catch them doing that and give them praise at that point. One thing that I shift to is if you can catch them being flexible, so really embrace the word *flexible*, teach the word *flexible*. Because some kids are flexible at some times, and so when you're in a situation like that, the computer example, they have prior knowledge of what flexibility is.

So then when you say, (I often teach teachers just to label it for the kid) "Oops, looks like you're stuck. I just said no computer; looks like you're stuck. I'm going to ask you to be flexible." And what that will do is you'll cue in some prior knowledge of themselves and their skill deficit, and saying, "Oh, it would be great if you could be flexible," that'll help them remember that they have been flexible before and they can do it.

So one of my second grade teachers has a cotton ball jar, and she puts a little pompom in the jar every time she catches this pretty explosive kid being flexible. And he's learning what that means, and the keyword *flexible* is now helping him.

Terry: I see. That sounds very effective, something visual and immediate.

Jessica: Yeah, it kind of makes an abstract concept a little more concrete. I think another really helpful accommodation for kids who have this inflexibility is to actually explicitly teach waiting. We all know that if we go to a restaurant with a child under four years old we bring everything under the sun because . . . my sister's purse is about four feet wide because we have to keep them entertained during that time. And in fact when you walk in with a toddler, the hostess hands you crayons immediately and what she is really doing is saying that child does not have the skill of waiting. Here are some crayons, which is an accommodation, so it doesn't lead to behavior problems.

And I think we forget that once a child is 7, 8, 12, 16, they actually still don't have the skill of waiting because being anxious, a lot is happening neurobiologically. Or kids with oppositional behavior, they get real stuck, so waiting is really hard for both groups of kids. And it's an example of the behavior plan being a teaching plan. So this is an underdeveloped skill, waiting, and if we teach it, it can really help.

So for example, I had a 16-year-old kid who got suspended twice in the beginning of this year, and what I realized when I did the ABC data and more thorough functional behavior assessment was that the downtime in the school day was really where a lot of the problems were occurring. And so I actually pulled him aside and I said, "You know what's really a problem for you is downtime." And he said, "What's that?" And I said, "It's when you're being asked to wait," and he goes, "Well, what do you mean?" And it was really interesting, and I said, "Oh."

So what I realized is I had to explain what downtime was—when you're done with your work and not everyone else is done with their work. He used to get into all kinds of conflicts and entertain himself, kind of. And then when the teacher says, “Okay, some people are cleaning up; some people are not cleaning up.” I sort of had to define downtime, and then I taught him to turn his notebook over and start doodling. To give him a structured . . . almost like we would do with a toddler to teach them to color.

I was like, “You should start doodling on the back of your notebook.” And after November he made it the whole year without being suspended, without any other big incidents where he just really learned to keep himself in control and occupy himself during wait time, because he really didn't have the skill of waiting.

Terry: That sounds like a very effective accommodation and sort of a way a teacher might tailor the FAIR plan for a particular student. I'd say that the book seems to invite the teacher to observe and then to use the skills of invention to cope with these troublesome students. Chapter 5 goes on to I Don't Care, about the student with withdrawn behavior. What are some attributes of the withdrawn student?

Jessica: Yeah, so depression in children does not look exactly like it does in adults. Some of the characteristics can be irritability, excessive complaining, kids who give up very easily, inattention which we associate usually with ADHD can be a sign of kids with depression, boredom. The social isolation is a possible attribute and something to be concerned about because that becomes self-fulfilling, to social isolate, and then it sort of affirms that no one likes me and actually leads to more depression. So that one we get more nervous about. Lethargy, so a kid who looks like he's tired a lot, those can be some of the ways to recognize it in kids that we don't always think about.

Terry: You write in the book that depression is often really difficult to recognize in children. Could you explain that?

Jessica: Yeah, so I think in adults it's easier to understand, and some of the ways that kids demonstrate that—irritability, for example—we don't always associate with depression. So if a kid is kind of snapping back or arguing, I had a teacher describe a kid, she was like, “Oh, he's Mister Cranky and he doesn't like anything I say, and he always does the opposite.” And what we ended up discovering is that he actually had depression. But it's such an off-putting behavior, being irritable or snapping at a teacher, or seeming like you're in a bad mood all the time. It didn't look like depression does in adults, where we think they look kind of sad and low energy. Whereas this kid was kind of abrasive.

Terry: I see.

Jessica: And that was not as easy to . . . and that inattention, too, can be confusing. If you're very depressed, much like anxiety, you're flooded with thoughts and it can be hard to attend when you're thinking so much. And so inattention is another sign of depression, and that's not one that we normally associate with depression either.

Terry: What are some of the strategies that a teacher might use to help out a withdrawn student in the classroom?

Jessica: Yeah, I think that category of strategies falls under cognitive behavior therapy techniques. And cognitive behavior therapy [CBT] is an evidence-based treatment that a lot of therapists use for kids with anxiety and kids with depression, very research-based. And some examples are . . . because what interferes, just like I was talking about with kids with anxiety, what interferes a lot with kids with depression and behaving well are negative thoughts—that all-or-nothing thinking or catastrophic thinking.

And so some kids think, “I’m the stupidest kid in the class.” That’s an example of all-or-nothing thinking, where actually that’s not true. “I hate math,” instead of “I just don’t like long division, but math is okay.” I hate all math is a very debilitating way to think about a subject. So kids can fall into thinking traps, as a CBT term. So “I’m very stupid” could be one mantra that a kid with depression kind of repeats to himself. This is similar to kids with anxiety, actually.

And so that could be an example of one thinking trap that’s a real common default way of thinking for a kid with depression. And so one strategy to help (if you know that about a kid, that he’s like, “Well, I’m stupid so I’m not going to try to do this assignment,”) is to teach more positive self-talk, so to replace the negative mantra with a positive mantra.

Another example that I have found teachers find pretty easy to implement is something called a “power card.”

Terry: Power card?

Jessica: Yeah, it’s a good name. And this is not my idea, but the power cards . . . (and there’s a whole book called *Power Cards*, I’m forgetting the author unfortunately right now) [Gagnon, Elisa. *Power Cards: Using Special Interests to Motivate Children and Youth with Asperger Syndrome and Autism*. Shawnee Mission: Autism Asperger Publish Company, 2001] but it’s like a baseball card idea. So there’s a heroic person on the top, so a Minecraft character would be very in right now or SpongeBob is making a comeback, so he’d go on the top. And then there’s a positive mantra underneath like “I’m going to be okay. I’m really smart. I can ask for help. I’ll be okay.”

And so if we goad the child into saying that to themselves over and over again, and replacing the negative thinking, that’s an example of what a teacher can do. So when the teacher is in the class and seeing a child who is not engaging in an assignment she can go over and say, “I notice you haven’t started. Why don’t you try your power card right now and let me know if you need help?” Get them unstuck from the negative thinking.

Terry: You write in this chapter that building relationships with withdrawn students is maybe the most important preventative strategy. Could you explain why that is?

Jessica: Yes, I think small overtures from the teachers go a long way with someone with depression. If a child is thinking negatively like “no one likes me,” they’re going to find

evidence for that. A lot of these kids think on the downside, which is similar to kids with anxiety, actually; there is some overlap there. And so when you ask a kid with depression "Who did you play with today at recess?" a lot of kids will say no one even though that's actually not accurate. For about 15 minutes they played with someone and then for 5 minutes they didn't. They remember the negative part more. It's more salient to them because they tend to think on the downside, and the negative information reinforces that hypothesis that they have about themselves. So they actually can even screen out some positive information and not remember it.

So for a teacher, even small overtures will really help the child know they're liked and cared about and respected. It's a little more effort than you would have to do with another student who didn't have this negative concept of themselves. So things like during recess one day pull them aside and do something special with them or have lunch with them. Sometimes for kids with depression it can be a little too intimate or they're too much on the spot to have a full-on conversation about their personal lives at lunch or something. So having a nonverbal board game or just hanging with them can really be comfortable for them but also be special, and they would remember that "Okay, well, this teacher actually took that time to do that."

Terry: Hung out with me.

Jessica: Yeah. And it will actually stay in their memory, and that's really important because you want to break the cycle of this self-fulfilling rejection. Because if they're irritable and they're depressed, you can be irritable and cranky, then that leads to more . . . teachers think, "Oh geez, he wants me to give him space," or peers will do that and then it becomes self-fulfilling, and so you want to really break that cycle and give them little pieces of proof that you do like them.

Terry: That makes good sense. The last group of students, students with sexualized behavior, to begin maybe you can give a description of sexualized behavior and then explain how the phrase "I didn't mean to" figures into that.

Jessica: Yeah, so sexualized behavior is I think the most misunderstood. I think all of the behaviors we're talking about today can be very counterintuitive, but particularly sexualized behavior. We have our own reaction to it. It's very inappropriate; we get very nervous about the consequences of that to other people of course. So, sexualized behavior is just anything that is sexual in nature, so comments, gestures, all the way to full-on actions or role-play or anything like that.

Terry: I see.

Jessica: And the title, yeah, it was hard to think of a title for this, but the reason we chose this title, I Didn't Mean To, is because a lot of people make assumptions about kids who have sexualized behavior. "Oh, they must have been sexually abused" is a really common conclusion or hypothesis, whereas one group of kids with sexualized behavior actually fall under the category of being very, very impulsive. So a lot of kids have the hormonal thought, or sexual thought, but have enough impulse control to not act on it. Those

thoughts go through kids' heads, especially adolescents a lot. But most kids don't respond to it.

Terry: So do you see this a lot more in ADHD kids then? Because I think impulsiveness is a sign of—

Jessica: Yeah, so kids with ADHD for sure. Kids with bipolar disorder, so there's actually in the DSM hypersexualized behavior is part of one of the characteristics or attributes, where when they get kind of hypomanic, which is losing all inhibitions, they can be sort of that impulsive. Yeah, so the thought goes through my head, comes right out of my mouth before I filtered it.

Terry: And then later, "I didn't mean to."

Jessica: Right, so that's what I was getting at, because it actually isn't a purposeful intent, and I would say that's true with any kids' behavior, that they're not doing it on purpose and a child really would behave if they could. We learn that from Ross Greene and others. Ross Greene wrote *The Explosive Child* and he talks about how a child really would behave if they could, and a child who is misbehaving is almost always due to an underdeveloped skill.

So self-regulation is one that we've been talking about today. So kids with anxiety, kids with oppositional behavior, all the kids we've been talking about today don't regulate well. So they go from 0 to 60 or they cry because their pencil broke, really overreacting.

Underdeveloped social skills, that's a common thread through all the chapters. And so the FAIR plan really focuses on teaching those underdeveloped skills like how to self-calm, like we talked about with a kid with anxiety. A lot of kids with anxiety don't know how to self-calm or how to wait (that's an underdeveloped skill for kids with oppositional behavior), or be flexible.

So when you teach those skills specifically, it can help. And so for a kid with sexualized behavior, social skills can be another area where it's underdeveloped, and impulsivity, those are two big underdeveloped skills that are contributing to why kids will act like this.

Terry: So what goes into a FAIR plan for a student with sexualized behavior?

Jessica: Yeah, so I was thinking about . . . for example, and first of all I forgot to say that sexualized behavior is actually really rare, so teachers won't commonly see this but when they do it makes everyone nervous. That's why it's worth knowing. But not to jump to the conclusion that they've been sexually abused, necessarily. That social skills deficits can (like "I don't know how to control my personal space;" impulsiveness; exposure to trauma; and then even exposure to sexual material, so young children who happen to have seen a pornographic movie because the parents didn't set that limit or something like that), can lead to sexualized behavior, which isn't the same as sexual abuse. It's like just too much information. Those kinds of things can do it. So for example—

Terry: They can't appropriately process it yet as well.

Jessica: Exactly. So then you see a kindergartner in the play area of the kindergarten doing inappropriate things with dolls or something like that, and then the teacher might get very, very nervous. And of course you should report that to the psychologist and get people involved. But it can be just because they were with their older brother and watched the wrong kind of movie, that kind of thing, yeah.

But for an example of a FAIR plan for a kid who has this social deficit, I don't know, personal space, like every FAIR plan it would be skill building. So we would talk about this program called circle of intimacy, which is also not something that I created, (and that is purchasable) where you take a bullseye and sort of teach the child specifically, the middle of the bullseye is your family and you can hug and kiss and sit on their laps.

The next circle is teachers and people you see every day, like we talked about elementary school teachers some kids think of like their moms or dads. But in that circle, which is the next circle, you can shake their hands, high five, etc. Some schools allow hugging; that would be up to you if you put that in. And you go out and out, so doctors where you never really see them often, that person you would maybe shake their hand, no hugging, blah, blah, blah. And you just lay it out for them, "This is how personal space works," really explicitly.

And that should really help and then giving cues throughout the day. Like most personal space is an arm's length away from the next person is a really good rule to teach a kid who has this issue. So always say an arm's length away, and then the teacher can cue, "Okay, an arm's length away when we get in line," to the whole class, and that will help the kid.

Terry: That sounds like a very effective visual metaphor for the proximity that's appropriate for different people in our lives.

Jessica: Yeah, and you always have your arms with you so it kind of . . . that's a good one.

Terry: Good point. So, well, we're going to wrap here soon, Jessica. I'm wondering if there are other resources in the book you'd like to mention.

Jessica: Yes, so the appendix is full of some curriculum. So I think some teachers . . . I've been saying the FAIR plan is to teach some of these skills. So for teachers' convenience in the back of the book if you're worried about self-monitoring or self-regulation or self-calming, there are some curriculums listed that teach those lessons specifically for the school team. There's also a section on technology. I think technology can really open the kids' ability to do work, so technology resources are there. There's an appendix on calming activities for ideas for some teachers.

And there's a FAIR plan at the end of every chapter that's already filled in with just some check boxes. So at the end of the anxiety-related behavior chapter there's a FAIR plan filled in with all the interventions that were covered in the chapter where teachers and teams can just go through and check which ones they want to try first and implement them and

come back and then try a few more. And it really is a template for helping, and that will really create a therapeutic behavior plan for this group of kids, and it's pretty easy to start.

Terry: So focus on practically attainable methods to strengthen weak skill sets?

Jessica: Right, exactly.

Terry: And Jessica, may I conclude by asking who inspired you?

Jessica: That's a good question. Well, I think that the kids I worked with inspired me, and as a child I used to work with kids with multiple disabilities. When I was 12 and 13 I used to volunteer at a summer camp, and I think the kids actually themselves inspired me. And I've never been more rewarded than when working with kids with special needs. I have a soft spot for kids with psychiatric issues because I think they're the most misunderstood. But I would say kids inspire me every day and teachers as well. I mean, it's a heroic job and so I'm doing as much as I can to help both sets.

Terry: Well said. Well, my guest today has been Jessica Minahan. She is a board-certified behavior analyst, a special educator, and a director of behavioral services. Today we talked about her book, *The Behavior Code: A Practical Guide to Understanding and Teaching the Most Challenging Students*. Jessica, thank you so much.

Jessica: Thank you for having me. I really appreciate it.

Terry: All right.