

Cognitive Supports™ Presents:

# Supporting Escalation and Regulation in Children & Youth

Written and Presented by **Nate Sheets**  
FASD and Behavior Consultant  
[cogsupports.com](http://cogsupports.com)

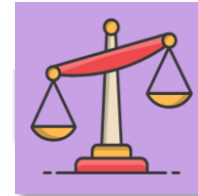
Hosted by Adopt4Life-Ontario



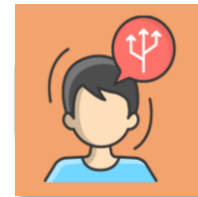
UNDERSTAND/CHANGE LENS



THINK AHEAD



ADJUST EXPECTATIONS



SHIFT APPROACH & ENVIRONMENT



PLAN TOGETHER

# Housekeeping

- **Slides at [cogsupports.com/adopt4life](https://cogsupports.com/adopt4life)**
- You can ask questions in the chat
- Please do not share slides!

# NATE SHEETS

FASD Consultant and Parent Coach

Creator of Cognitive Supports™

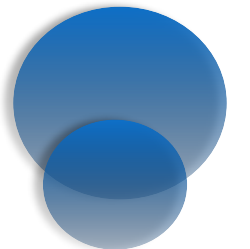


## EXPERIENCE

- Foster/adoptive brother since 1993
- 14 years in developmental disabilities
- Independent behavior consultant
- Specialize in Fetal Alcohol Spectrum Disorders
- Upcoming book: "Essential FASD Supports"

## EDUCATION

BA in Business Administration



# NATE SHEETS

Behavior Consultant and Parent Coach

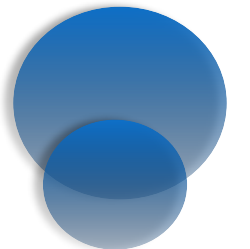
Creator of Cognitive Supports™



## APPROACH/INTERESTS

### Cognitive Skills/Neuroscience

- Focus on mechanics of thought
- Polyvagal Theory
- Executive functioning
- Neurodiversity



“Your explanation  
guides your intervention.”  
– Dr. Ross Greene, “The Explosive Child”

- Punishments
- Rewards
- Lectures
- “Why, why, why?”
- Suspensions
- Displacement
- Arrest



- Proactive
- Accommodation
- Think differently
- Empathize
- Learn
- Work together
- Advocate



“Your explanation  
guides your intervention.”  
– Dr. Ross Greene, “The Explosive Child”

When we **reframe** challenging behaviors, it...

- **Makes things easier** emotionally
- Allows us to **problem solve**
- **Helps the person understand** what’s going on
- Is **more accurate** than our “gut” feelings



# Traditional

Children learn “acceptable” behaviors when their good behavior is **REINFORCED** and when bad behavior is **PUNISHED**.

When a child or teenager refuses to do something, it’s because they want to be in **CONTROL** or **GET WHAT THEY WANT**

When children or teens have bad behaviors, it’s a reflection of their **CHARACTER** or their **PARENTS’ abilities**

“Challenging behaviors” happen when someone is expected to use **COGNITIVE SKILLS** they do not have or cannot access

Children and teens want to be successful, but they need supports to do so in a society that misunderstands them

Skills are learned when expectations, interactions, other situations are appropriately supported



Can't vs.  
Won't



# Traditional Strategies and Cognitive Skills



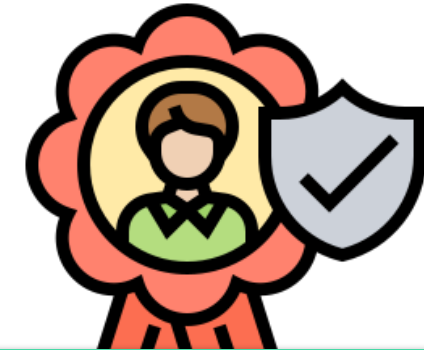
## Making a verbal plan with alternatives to behavior/coping skills

- Too abstract
- Likely does not understand all that is said
- Memory distortions
- Using the plan “in the moment”
- Lack of success interpreted as lack of compliance



## Signing a “contract” promising to stop engaging in challenging behaviors

- Does not consider why a behavior is happening
- “Try harder” with no real supports
- Lack of success interpreted as lack of compliance



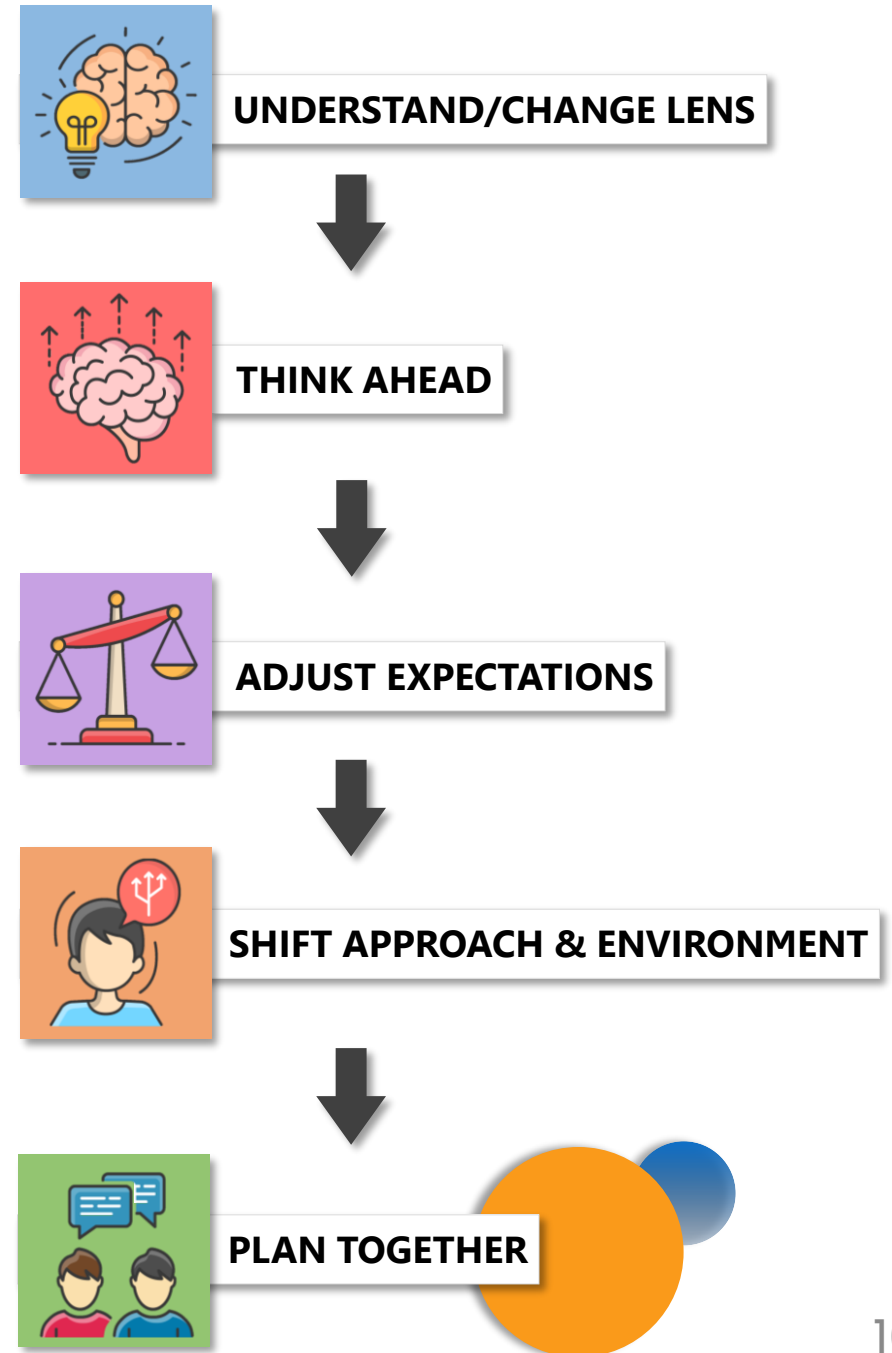
## Points and reward systems (a.k.a. “Yeah, Good Luck with That” plans)

- Often enthusiastic to do well
- Doesn’t provide support “in-the-moment”
- Long-term incentives often don’t work
- Lack of success interpreted as lack of compliance

# Cognitive Supports™

[kog-ni-tiv suh-pohrts]

1. Shifting expectations or interactions with a specific cognitive skill in mind.



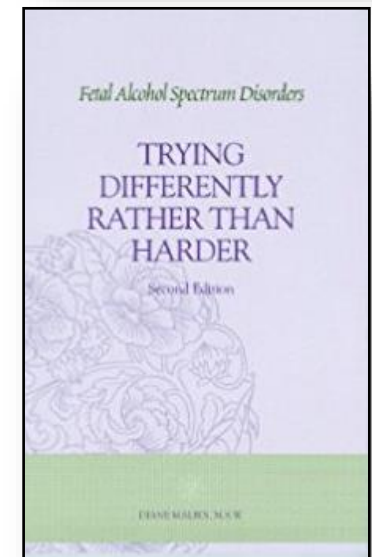
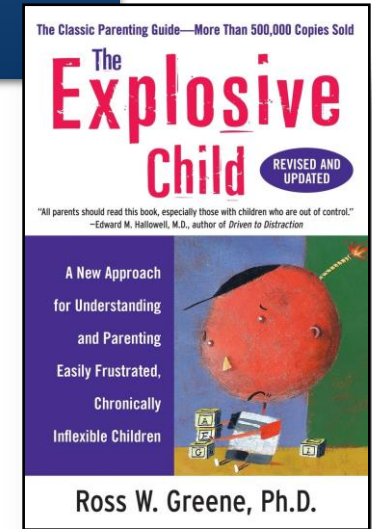
# Where Does Cognitive Supports™ Come From?

## Collaborative and Proactive Solutions (CPS)

- “The Explosive Child” (Ross Greene)
- Behaviors are the result of “lagging skills”
- Collaboration (“Plan B”) allows us to identify the person’s concerns and solutions

## Neurobehavioral Model

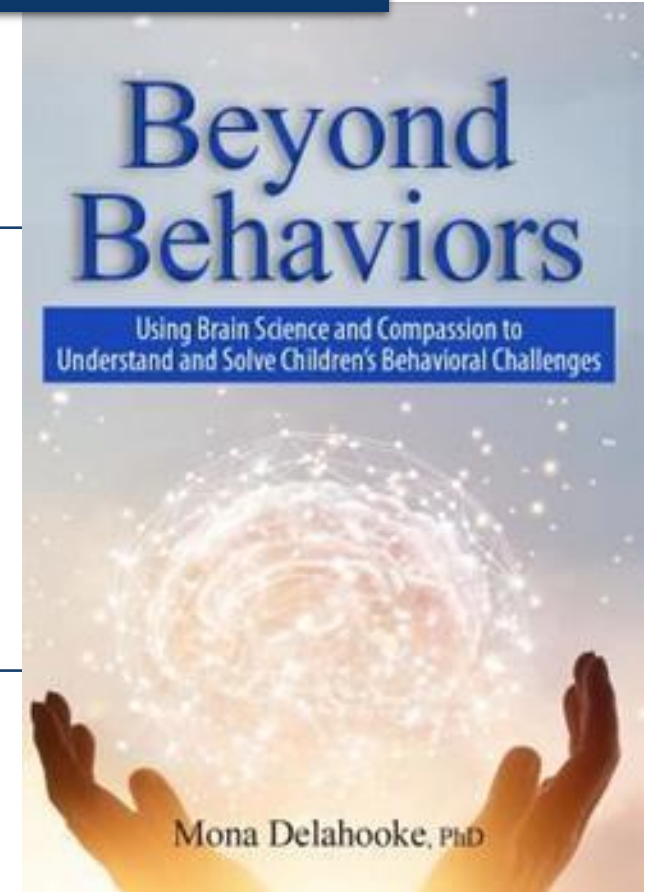
- “Trying Differently Rather than Harder” (Diane Malbin)
- FASD's are the result of neurobiological brain changes caused by alcohol
- We need to adjust expectations and remember how FASD's impact the brain, and make sure our solutions work with a person's cognitive skills set



# Where Does Cognitive Supports™ Come From?

## Polyvagal Theory

- Developed by Dr. Stephen Porges
- “Beyond Behaviors” by Dr. Mona Delahooke’
- Stress and trauma—in addition to many other factors—contribute to cognitive skill struggles and ongoing behaviors





## UNDERSTAND/CHANGE LENS

### Cognitive Skills Filter

Every **situation**, **expectation**, and **interaction demands** cognitive skills.

### SITUATION

Having friend over

### Needed Skill Ingredients

- Attention span
- Distraction resistance
- Impulse control
- Emotional regulation
- Flexibility
- Shifting/Transitioning
- Abstract thought
- Sensory regulation
- Planning/problem-solving
- Processing and shifting to social cues

### RECIPE

### EXPECTATION

5 minutes of homework

### Needed Skill Ingredients

- Attention span
- Distraction resistance
- Impulse control
- Self-monitoring
- Shifting
- Abstract thought
- Problem-solving
- Emotional regulation
- Reading
- Writing
- Recall

### RECIPE

### INTERACTION

3-minute talk with parent

### Needed Skill Ingredients

- Emotional regulation
- Shift and transition
- Attention
- Receptive communication
- Distraction resistance
- Impulse control
- Flexibility
- Abstract thought

### RECIPE



UNDERSTAND/CHANGE LENS

Cognitive Skills Filter

# The Cognitive Skills Filter Helps Us Re-Frame

## Traditional Terms & Interpretations

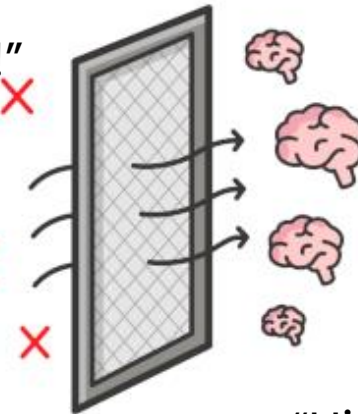
"She keeps interrupting me to get attention!"

"He won't keep his hands to himself."

"She lies because it causes drama."

"He's such an asshole!"

"They just don't want to do schoolwork."



## Cognitive Skill Possibilities

"She can't hold her attention long enough to self-entertain."

"His body is dysregulated."

"She confabulates additional details, causing confusion."

"His brain cannot regulate his stress right now. This isn't about me."

"Their executive functioning fuel is out right now."

# Focusing on the “Little Moments”

UNDERSTAND/CHANGE LENS

Cognitive Skills Filter

## WHEN WE DO

- It helps us understand what the person is going through
- That understanding allows us to think practically
- We can take a “problem-solving” angle and include the person
- We try different supports and don’t worry about failing
- We remember it’s a brain thing, not the person being a little...well, *you know*

## WHEN WE DON’T

- We continue to hold the person to expectations that they cannot meet
- We blame *them* for failing to meet the unreasonable expectations
- We often establish a negative interaction pattern, making collaboration difficult
- We look for solutions that don’t actually solve the in-the-moment cognitive struggles







# Regulation & Dysregulation



**Everyone's brain learns, reacts, or responds in tiny timeframes—milliseconds of seconds**

**It only takes a moment for something to become too stressful or too demanding on the brain**

**Overtime, this leads to resistance and, potentially, unsafe neuroception**

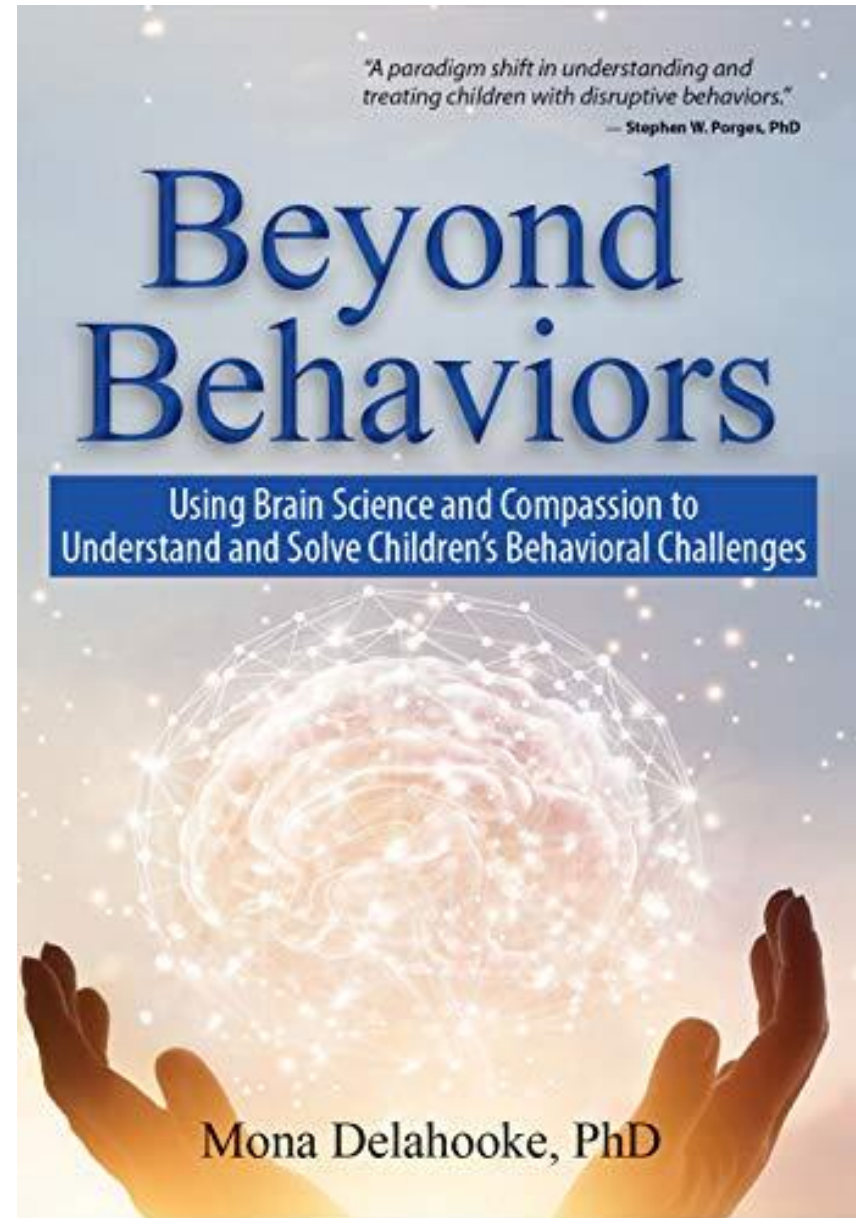


**UNDERSTAND/CHANGE LENS**

**Cognitive Skills Filter**

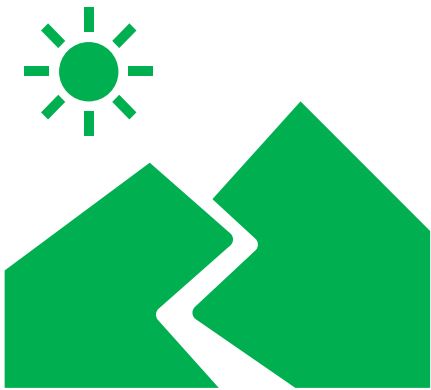
- Regulation and Dysregulation
- Unsafe neuroception
- Strategies to use during escalation

# Important Resource



# Green Pathway (Ventral Vagal System; 200 million years)

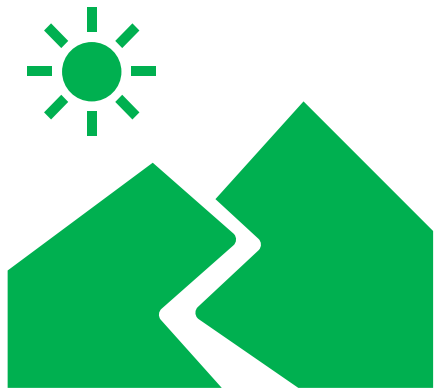
*Adapted from "Polyvagal Flipchart" by Dr. Deb Dana, PhD*



- Above the diaphragm: ventral vagus
  - Involves “heart, lungs, pharynx, and larynx”
  - Allows for co-regulation and self-regulation
  - Seek out/offer support
  - Resourced and resourceful
  - The vagus and nerves in the face and head connect, controlling:
    - Facial expressions, eye gaze, middle ear processing (human voices), vocalizing, swallowing, breathing

# Green Pathway (Ventral Vagal System; 200 million years)

*Adapted from "Beyond Behaviors" by Dr. Mona Delahooke, PhD*

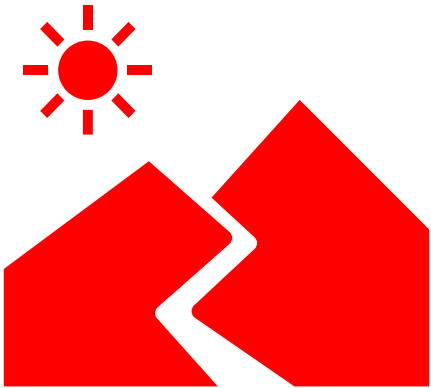


- Supports “social engagement” and connection “**under the condition of safety**” (Delahooke, 49)
- Allows children to learn and play
- Eyes are bright, shiny, engaged, alert
- Body is relaxed, stable, balanced, alert to the environment
- Face smiles, is neutral, shows range of emotions as appropriate
- Laughs, voice tones changes
- Movements are “not too fast or too slow” (51)

# Red Pathway

(Sympathetic Nervous System; 400 million years)

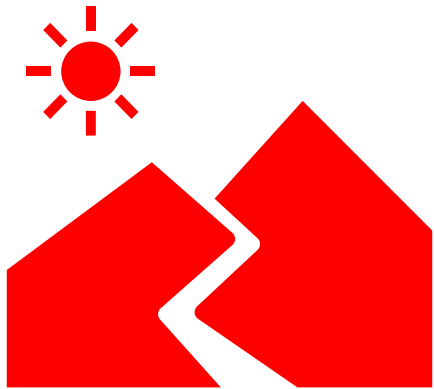
*Adapted from "Polyvagal Flipchart" by Dr. Deb Dana, PhD*



- Regulates heart and lungs
- A system that originates in the spinal cord, and “works with the [Green Pathway] to bring needed energy to navigate daily activities.”
- **Mobilizes** us to survive
- Feel out of sync with others
- Driven to get needs met
- Alarmed, anxious, hypervigilant, misread cues, “sacrifice social engagement for survival”

# Red Pathway (Sympathetic Nervous System; 400 million years)

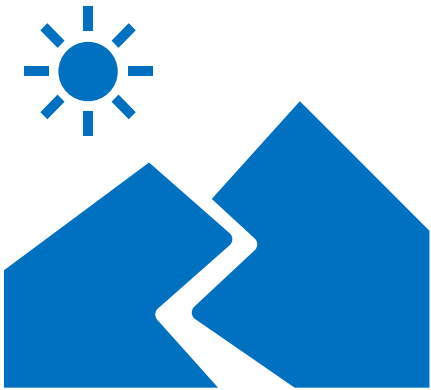
*Adapted from "Beyond Behaviors" by Dr. Mona Delahooke, PhD*



- “Fight or flight” response
- Oppositional
- Face is wide and mouth open, angry, clenches or fake smile (Delahooke, 52)
- Eyes are open, squinted, or closed. Eye-contact may be intense or darting around the room.
- Fingers spread out, arched back, constant motion, hitting, bumping into things, pushing, space-invading
- High-pitched yelling, loud, hostile, laughing
- Fast movements

# Blue Pathway (Dorsal Vagal; 500 million years)

*Adapted from "Polyvagal Flip Chart" by Dr. Deb Dana, PhD*



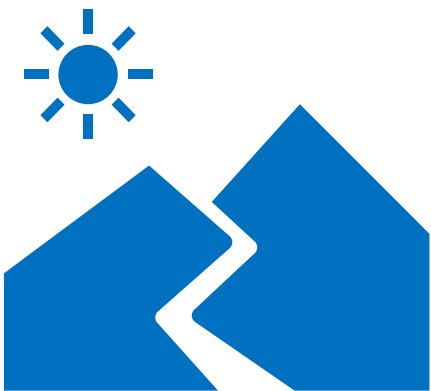
- *Below the diaphragm: dorsal vagus.*
  - *Connect with "stomach, liver, spleen, kidney, colon, and intestines"*
  - *Responsible for the digestive system*
- When in survival mode, the body goes into a *conservation* mode
  - Creates a sense of "disconnection, numbing, collapse, a sense of going through the motions without being present."
  - "Disappear into a state of not knowing, not feeling, not being."



# Blue Pathway (Dorsal Vagal; 500 million years)

*Adapted from "Beyond Behaviors" by Dr. Mona Delahooke, PhD*

- Shutting down
- Glazed eyes, looking down or away, not alert
- Looks at things more than people
- Seems tired, moves slowly, slow to get moving
- Face is flat/blank, looks sad
- Sounds "cold, soft, sad, too quiet" (Delahook (53))
- Body is slumped/slouching, little play/curiosity, wandering around, frozen
- Looks overwhelmed or uninterested



# Pathways

- In Dr. Delahooke's book, she describes our autonomic states in these **COLORS**
  - These colors are **not** meant to teach children, but for us as the supporters
- These states are not determined by our advanced cognitive skills, but are determined by our brainstem—the oldest, most primitive structures in the brain
- Our **neuroception** (safe or not) is a primary factor in which pathway we are on

---

# Neuroception

---

- **Our brains continuously assess our safety**
- **The processes to do this are out of our direct control (autonomic system)**
  - They are developed in utero and used when we are born
- **In the first months of life, our brains learn the environment and neuroception develops**
- **Safety and connection with adults promote neuroception development in one way, stress and trauma promote a different way of adapting**
- **Our neuroception has a direct impact on our overall brain development**
- **Neuroception is a critical concept in Polyvagal Theory, conceived by scientist Dr. Stephen Porges**

**Neuroception is our  
“bottom” brain’s  
sense of safety to the  
environment, to  
situations, and to people.**



# Safe Neuroception

## IN THE MOMENT

- We can interact warmly with others (connection)
- Our bodies feel relaxed and calm
- We can co-regulate with others when things go wrong
- We can learn

## THE BIGGER PICTURE

- We move through developmental processes
- We are eventually able to use advanced (“top-down”) thinking processes
- We build our own personal coping skills

# Unsafe Neuroception

## IN THE MOMENT

- We are defensive
- Our body feels anxious/scared
- Our autonomic system activates a defensive state (pathways)
- We resist interaction with and reject connection
- We cannot use our executive functioning skills
- We engage in "challenging behaviors" ("bottom up" behaviors)

## THE BIGGER PICTURE

- Our movement through developmental process is stalled, delayed, or inconsistent
- We struggle with relationships
- Our cognitive skill development is delayed
- We have ongoing challenging behaviors and have no coping skills
- We cannot talk about our behaviors abstractly ("top-down" thinking)

**Early childhood  
trauma and stress  
create unsafe  
neuroception.**



# Unsafe Neuroception

- We have “**faulty**” **unsafe neuroception** when our brains sense a threat when there *isn't* one.
- Our “bottom brain” structures recognize sensory cues in the environment and have implicit memories *dual-coded* with negative emotions. This causes a **physiological, subconscious, defensive response**.
- Our brain responds the same way to these situations as if would if there is actual danger: fight, flight, or shutting down (and a few others)







# Unsafe Neuroception

There are many triggers to **unsafe neuroception** in children and adults who have been through early trauma:

- Body sensations/sensory information (e.g. smells, stomachache)
- Tones of voice
- Familiar physical environments
- Certain words/phrases
- Types of people
- Stress of any type

# Experiences That Lead to Unsafe Neuroception

- Early medical issues/hospitalization
- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse/neglect
- Homelessness
- Witnessing violence/drug use
- Removal from biological family
- Multiple caregivers/foster home placements
- Ongoing stress due to challenging behaviors
- Ongoing sensory dysregulation

# Unsafe Neuroception Clues

Continual sensory dysregulation

Frequent oppositional behaviors

Easily reactive to people/situations

Escalates multiple times per day

“Shuts down” frequently

Overreacts to small stressors/has no coping skills

Rejects reasoning/comfort

**Lens Change:  
*Diagnosis vs.  
Neuroception***

Reactive Attachment Disorder (RAD)

Oppositional Defiant Disorder (ODD)

Adjustment Disorders

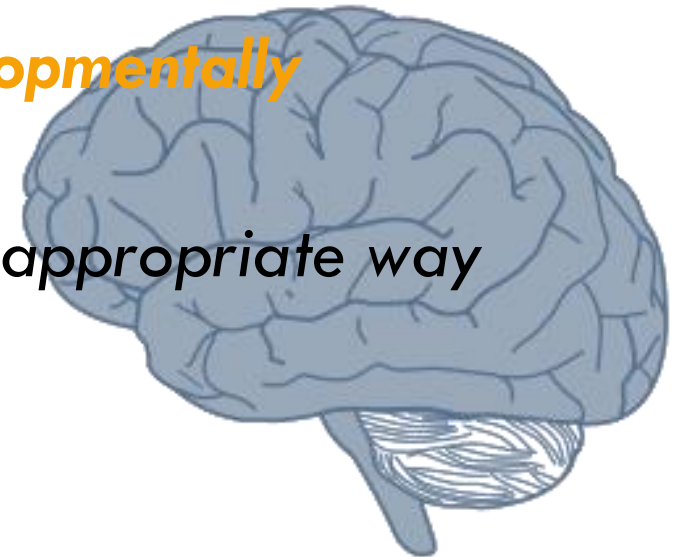
Anxiety


Disruptive Mood Dysregulation Disorder

Intermittent Explosive Disorder

# Unpacking Neuroception

- Parents should find a qualified mental health professional
- Figure out where our child is *developmentally*
- Determine how our child responds when feeling unsafe (autonomic pathway)
- Determine their individualized triggers to unsafe neuroception
- Be both proactive and reactive to triggers in a **developmentally appropriate** way
- Prioritize safety and connection *in a developmentally appropriate way*
- Discover soothing sensory supports





“This idea—that human beings need to feel safe in order to make use of their thinking brain—is a common denominator in the field of neuroscience.”

**–Dr. Mona Delahooke, PhD**



# Priorities for Stressed/Dysregulated Kids

- 1) Connection
- 2) Co-Regulation
- 3) Sensory Supports
- 4) Cognitive Supports™



# Prioritizing Connection (Connection Time)

- Each major supporter should have **daily** connection
- One-on-one whenever possible
- Have a goal of 5 minutes if you cannot devote more time.
- Must be easy! No games or conversations that could trigger stress or unsafe neuroception.
- Sensory activities can be good: hair brushing, back rub, cuddling, reading together.
- The goal here is to send cues of safety, brain to brain.
- Even if there is dysregulation and escalation later, this time is valuable.
- Successful time in **neuroceptive safety** together helps develop co-regulation, and paves the way for collaboration or problem-solving.





# Neuroception Link

**“Inability to calm defense systems in safe environments leads to habitual hypervigilant, alarmed state.”**

**“Inability to activate defense systems in a risk environment leads to inadequate response—either dulled and unaware or high risk taking.”**



From Polyvagal Flip Chart by Deb Dana

# Functional Emotional Developmental Levels (FEDL's) Model by Greenspan and Wieder

*Adapted from "Beyond Behaviors" by Dr. Mona Delahooke, PhD*



## Regulation and Attention

Calm and alert  
Regulated physiological state  
Ability to attend to the relational and physical environment  
Neuroception of safety



## Purposeful, Emotional Interactions

Back and forth communication  
Reading each other's body language and gestures  
Giving and receiving verbal or nonverbal signals



## Engaging, Relating, Connection

Engaging with others  
Smiling, noticing, looking, laughing  
Mutual enjoyment and pleasure  
Other signs of connection according to the child's individual differences



## Shared Social Problem-Solving

The child's ability to communicate nonverbally  
Piecing together multiple back-and-forth interactions  
Asking showing, telling  
Using gestures, words, or a combination



## Symbols, Words, & Ideas

Child no longer tied to physical gestures to communicate  
Can use words, or symbols, technology, art, etc., to communicate ideas  
Can now link a feeling/bodily state or idea to a symbol (word, picture, or another object)  
Top-down processing emerges



## Emotional Thinking and Bridging Ideas

"Logical" thought  
Can organize and understand the difference between thoughts and actions  
Can organize and understand the difference between one's own thoughts ideas and those of others  
Can form opinions and engage in debate

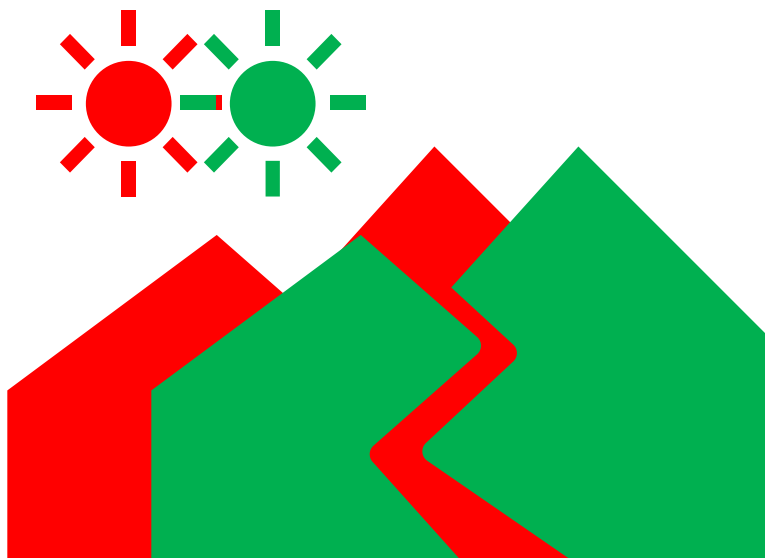
- The **Green Pathway** is a “system of safety and connection”
- The **Red Pathway** is a “system of mobilization” (fight/flight)
- The **Blue Pathway** is a “system of immobilization.” (shut down)

All evolved to help with survival.

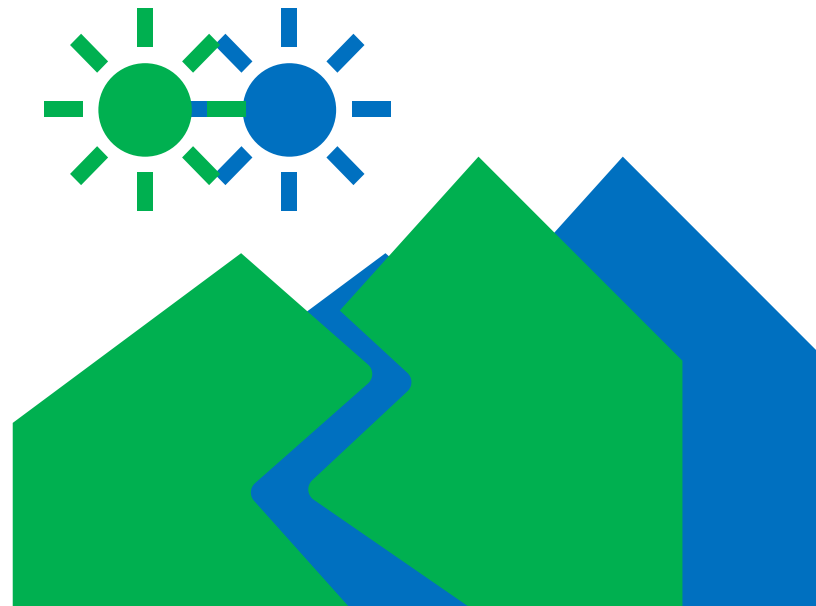
All are ***autonomic states.***

# Mixed Pathways

*Adapted from "Polyvagal Flip Chart" by Dr. Deb Dana, PhD*



- Play
- Competition
- Exercises the “vagal brake”
- “Strengthens the ability to move between activity and calm.”
- Practiced or safe moment of stress



- Stillness/snugness
- Being still “without being pulled into shut down”
- “Supports experiences of intimacy and social behaviors which require stillness”

# Which Pathway?

- It is important to monitor our child (and ourselves) in terms of which pathway the autonomic states are in
- Saying, “But I tell them they are safe!” misses the point.
  - Do does “But they *are* safe.”
- **Unsafe Neuroception** will send our child onto a **Red** or **Blue** pathway
- If we only look at observable behaviors, we **will** misinterpret
- Learning *cannot* happen when a person is in the Red or Blue pathway.

# In-the-Moment Neuroception Supports

## **Our Faces/Voices**

- Use a soft and warm tone, even if it takes effort
  - This means you need to stop and think before talking!
- Speak slowly and model thinking
- Have warm eyes and expressions

## **Our Bodies**

- Don't stand over them. Move slowly
- Give space when needed, physical affection when needed
- Lean back, keep engaged and looking at them

## **Our Demands**

- Focus on soothing first, talking later
- Avoid too much verbal
- Adjust expectations during dysregulation
- Give 1:1 help if that helps with expectations/regulations

# Emotional Regulation

Emotional regulation happens in different ways. We may be...

- Internally regulated (**Green Pathway**)
- Unconsciously regulating (e.g., sensory behaviors)
- Consciously Regulating (e.g., cognitive emotional regulation)





# Emotional Regulation

## – Cognitive Emotional Regulation

- Allows us to regulate stress (or suppress it) without co-regulation
- Prevents or quickly stops **Red** or **Blue** Pathway reactions
- Very “in the moment”
- Must keep calm enough to use it!

**There is no “emotional regulation” structure in the brain.**

**Emotional regulation is the *result* of executive functioning skills working together.**





# Emotional Regulation & Polyvagal Theory

## Process 1



### Regulation and Attention

Calm and alert

Regulated physiological state

Ability to attend to the relational and physical environment

Neuroception of safety

Children who have not developed to process five cannot be expected to engage in meaningful cognitive, in-the-moment emotional regulation.



# Emotional Regulation Cognitive Supports

- Conserve fuel by providing Cognitive Supports to other skills
- Make a plan/prompt a plan:
  - “In five minutes we are going to talk about something, and you are not in trouble!”
  - “This could be difficult for us to talk about, so let’s be ready to follow the plan if we start to get frustrated.”
- Avoid talking in the moment of escalation!



# Once Escalation Happens

**They prompt Matt  
to follow the plan**

# Why Avoid Talking?

- The situations needs Executive Functioning skills, not communication skills
  - Talking can distract the person from emotionally regulating
- Talking “invites” a response—and we don’t want them to respond
- Talking engages too many cognitive demands (e.g. planning) that can cause more escalation

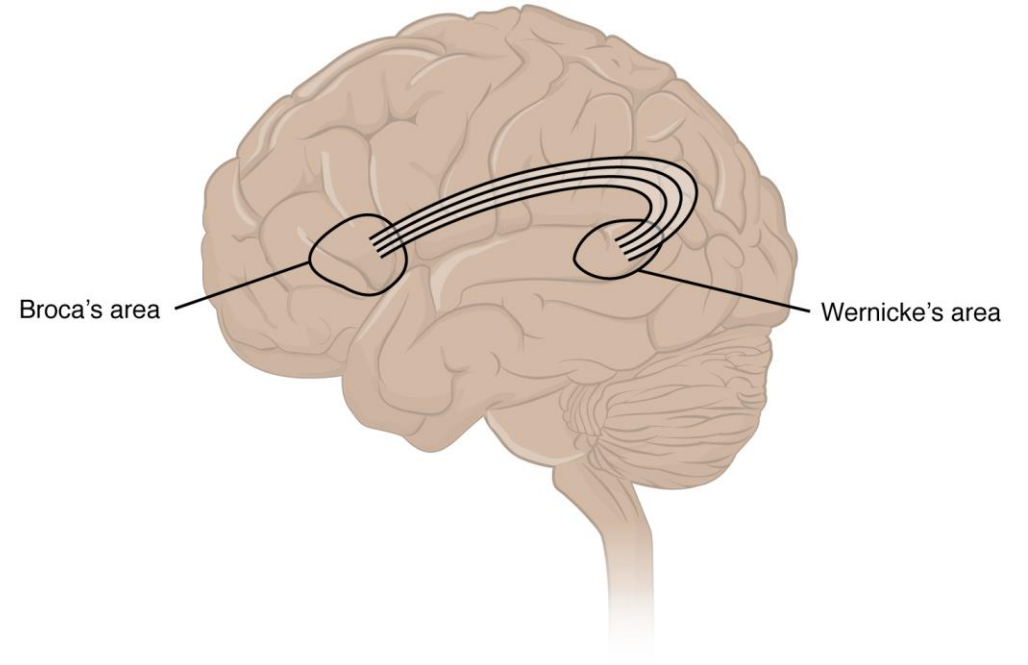


Image from BC Open Textbooks; no changes made; Creative Common License  
<https://creativecommons.org/licenses/by/4.0/>



# Responding to Dysregulation (Reactive)

- Stop. Breathe. Think about your brain.
- Resist impulsively answering
- There is *something* wrong, even if it *feels* like they could “just stop”
- Focus on *soothing* first:
  - Slow things down
  - Adjust expectations
  - Provide comfort/affection/connection
  - Avoid overloading with too many words



# Responding to Dysregulation (Reactive)

Wait until you are able to move forward or help them think through the immediate issue.

Every time dysregulation occurs, there is an opportunity for us to **model** regulation through these strategies.



# Responding to Dysregulation (Reactive)

While we want to listen to what our children have to say, much of what is said during dysregulation does not “mean much” in terms of what is going on.

- They probably don't yet understand their underlying physical/sensory/neuroceptive dysregulation
- Unhelpful Scripts like “I hate you”, “I don't want to be in this family,” or “I'm stupid”
- Responding to these messages may prevent regulation or take us down the “wrong” route
  - Address them later (if needed) when your child is doing better



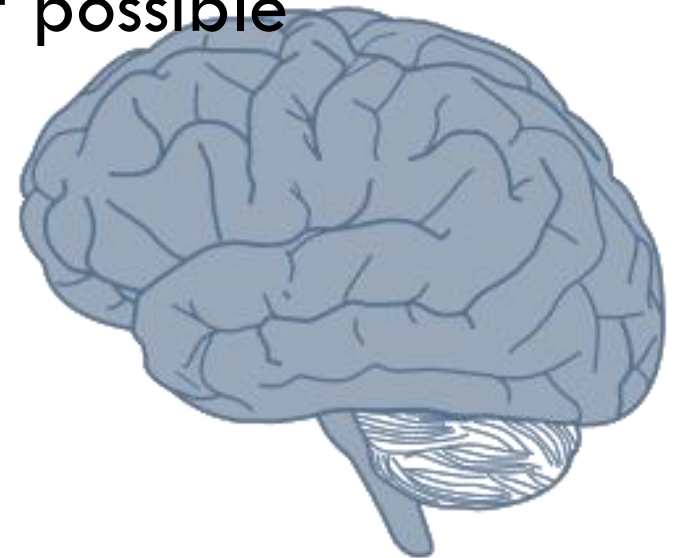
# Responding to Dysregulation (Reactive)

- Respond to every **3<sup>rd</sup> statement** if person is oppositional and not allowing disengagement.
- Say, “**I need a minute to think**” or “**I’m following the plan**” to try and buy time.
- Model (& achieve!) regulation by **taking time to think** and **taking a breath** before saying anything.



# Escalation Plans

- This is an advanced Cognitive Support. They must be developmentally ready *and* willing to have the conversation.
- Use the **Plan Together** model to develop the plan
- Everyone should practice the plan!
  - **Practice** the plan in all likely locations
  - Siblings/peers should practice the plan/their own plans
- Should be consistent among settings/caregivers, if possible
- Consider peers/distractions
- Goal is not to teach a lesson
- Don't respond to immediate opposition



# Escalation Plans

- Adults/supporters should also plan and practice what to do if the plan is *not* followed for some reason.
  - Respond to every **3<sup>rd</sup> statement** if person is oppositional and not allowing disengagement.
  - Say, “**I need a minute to think**” or “**I’m following the plan**” to try and buy time.
  - Model (& achieve!) regulation by **taking time to think** and **taking a breath** before saying anything.

# Learn More with Nate!

## cogsupports.com



**BRAIN THING  
SUPPORT  
COMMUNITY**



[www.youtube.com/OregonBehavior](http://www.youtube.com/OregonBehavior)



[www.facebook.com/cogsupports](http://www.facebook.com/cogsupports)

### **Prenatal exposure is Most Common Cause of Learning/Intellectual Disabilities**

Mukherjee, R. A., Hollins, S., & Turk, J. (2006). Fetal alcohol spectrum disorder: an overview. *Journal of the Royal Society of Medicine*, 99(6), 298–302. <https://doi.org/10.1258/jrsm.99.6.298>

### **FASD Parenting using Neurobehavioral Model**

Petrenko, C., Pandolfino, M. E., & Roddenbery, R. (2016). The association between parental attributions of misbehavior and parenting practices in caregivers raising children with prenatal alcohol exposure: A mixed-methods study. *Research in developmental disabilities*, 59, 255–267. <https://doi.org/10.1016/j.ridd.2016.09.005>

### **Executive Functioning Model & Fuel**

Barkley, R. A. (2012). *Executive functions what they are, how they work, and why they evolved*. New York, NY: Guilford.

### **FASD Prevalence**

May, P. A., Chambers, C. D., Kalberg, W. O., Zellner, J., Feldman, H., Buckley, D., Kopald, D., Hasken, J. M., Xu, R., Honerkamp-Smith, G., Taras, H., Manning, M. A., Robinson, L. K., Adam, M. P., Abdul-Rahman, O., Vaux, K., Jewett, T., Elliott, A. J., Kable, J. A., Akshoomoff, N., ... Hoyme, H. E. (2018). Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities. *JAMA*, 319(5), 474–482. <https://doi.org/10.1001/jama.2017.21896>