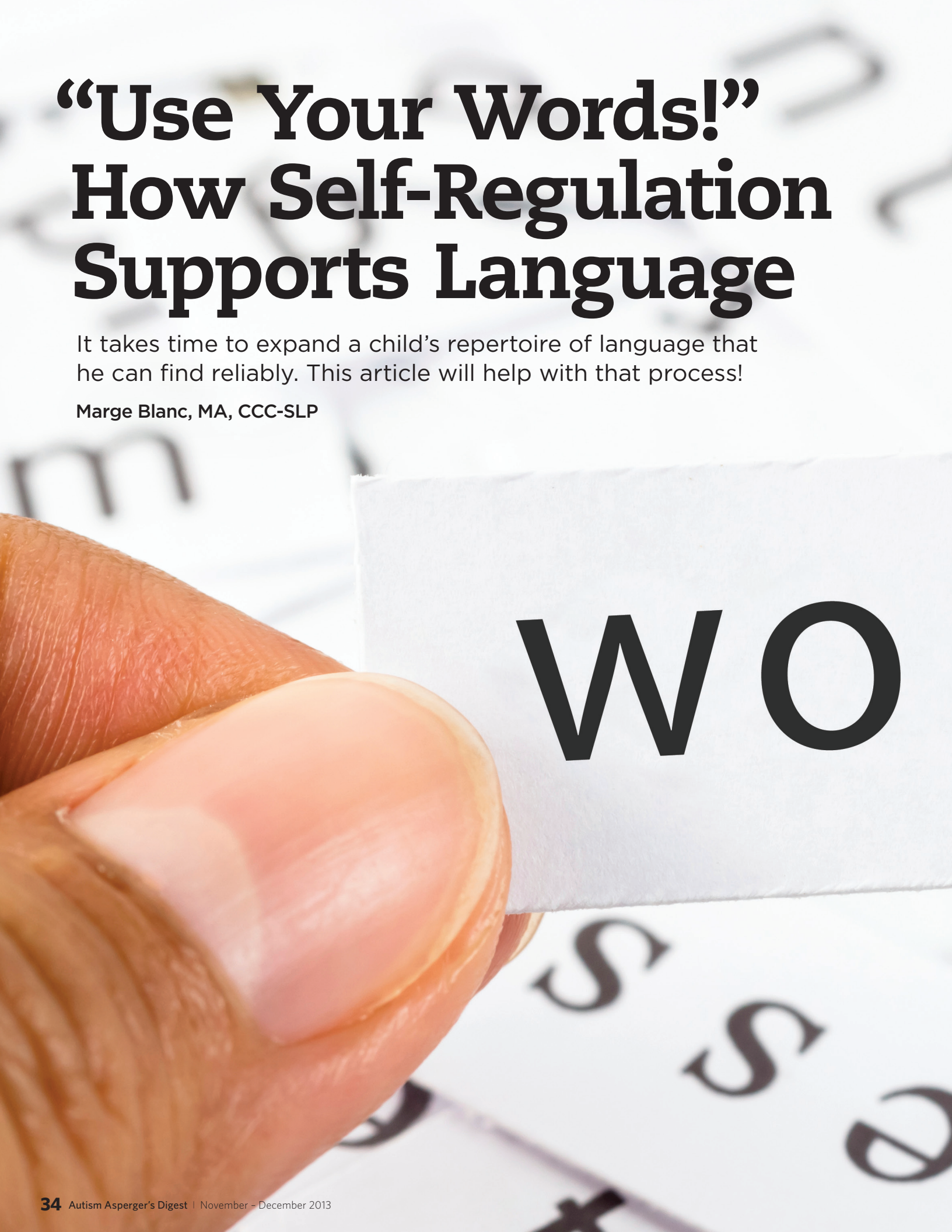
"Use Your Words!" How Self-Regulation Supports Language

It takes time to expand a child's repertoire of language that he can find reliably. This article will help with that process!

Marge Blanc, MA, CCC-SLP

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"Use your words!" we remind children with autism spectrum disorder (ASD). Even in the midst of a small crisis, we ask this because sometimes children can tell us what's wrong. But how about during a meltdown? Intuitively, we know better than to ask. Somehow we realize that a child can use his words only when he's regulated enough to find them.

During the best of times, a particular child might be able to say, "I don't like it!" During a minicrisis, we are lucky to hear, "No!" In a real fight-or-flight situation, we will hear no words at all. We realize this, but why is it so? How does self-regulation support children with ASD to be able to find and use their words?

Types of Regulation and Hierarchical Models

Let's begin with the extremes of self-regulation. We are acutely aware of dramatic dysregulation, when a meltdown might even be followed by a shutdown. And we clearly recognize a calm state, when a child can listen to a story, write his name, or peacefully fall asleep. In between these extremes are degrees and types of self-regulation described by a variety of disciplines such as psychiatry, child development, occupational therapy, and psychology. These types of regulation include the following:

> *physiological:* having adequate food, rest, air; absence of pain, toxins, and disease
> *homeostatic:* developing comfort with more complex environmental input
> *sensory:* integrating and responding functionally to sensory input
> *emotional:* experiencing feelings and expressing them through action

Some models combine these types of regulation into a hierarchy. Notice the central role of feeling safe in physiological and homeostatic regulation. Abraham Maslow proposed the following hierarchy, with each level supporting the one above it: physiological, safety, love and belonging, esteem, and self-actualization. Maslow (1943) wrote that satisfying each level freed us "from the domination of a relatively more physiological need, permitting thereby the emergence of other more social goals." Maslow placed safety just above physiological and emphasized how illness made children feel unsafe.

Stephen Porges (2011) proposed another hierarchy of human reaction, based on the multiple roles of the vagus nerve. His polyvagal theory has two parts. The first describes a layered system humans have developed over time, the most sophisticated layer available to us only when we are at our best. In an interview with Ravi Dykema, Porges said, "We use the newest circuit to promote calm states, to self-soothe and to engage. When this doesn't work, we use the sympathetic-adrenal system to mobilize for fight and flight behaviors. And when that doesn't work, we use a very old vagal system, the freeze or shutdown system" (Dykema 2006, 34). The second part of Porges's theory involves the link between the nerves of the face and the nerves that regulate the heart. Because of this link, Porges says "...we can use the facial muscles to calm us down." He notes that "when we're stressed or anxious, we use our facial muscles...We eat or drink, we listen to music, and we talk to people to calm down." Porges says that "hand gestures, facial expressions, and vocalizations that appear 'safe' turn off the brain stem and the limbic areas that include fight, flight and freeze responses" (Dykema 2006, 34).

How Children with ASD Use Words

The words children with ASD use during unsafe times are self-soothing ones rather than expressive ones. We hear our kids saying, "I'm OK, I'm OK," not because that is their observation of the situation but because it is their hope. These words help make an unsafe situation feel safe.

We also hear a higher percentage of lines echoed from sources such as movies when a child feels unsafe. It is as if replaying a story of a character saying, "Let's get out of here" is safer than asserting, "I gotta go!" And echoing a character saying, "Shut up!" may seem safer to a child (who has watched a scene where this was OK) than formulating, "Please be quiet: that hurts my ears."

We wish our kids would express something that communicated, that gave us more information: "My tummy hurts" or "That looks scary." And they might at another time, after the situation is resolved and they feel safe again—but not at the moment that feels unsafe. When a middle school student echoed the words of Petrie the Pterodactyl, "Me hurt everywhere," I knew it was all I was going to hear. This boy hurt, and that hurt translated into feeling unsafe. He didn't feel safe enough to communicate more specifically. He was doing the best he could at the time.

Safety Comes First

When do our children feel safe from harm and able to communicate, using specific and expressive words? It is when they are regulated enough to not run away or shut down. It is only then that they feel safe enough to use their words for self-expression.

To help our children achieve this first tier of safety, we need to ask:

- Which foods truly nourish my child's body and brain?
- When is my child free of pain and able to cope with illness?
- When does my child know he does not need to flee or shut down?

Only after answering these questions can we investigate how to help the child feel safe to play, learn, imagine, and express himself—to use his words to communicate.

Using and Finding Words to Communicate

Verbal communication is really quite complicated. It requires a relationship, mental clarity, language competence, and the time and freedom to choose the right words. When we are lacking one of these, communication suffers. And it is harder with newly acquired language.

For kids with ASD, challenges with self-regulation are constant, and *all* their language is newly acquired! Even for a neurotypical child who has all his grammar by age six, finding it when he wants it is variably successful. Early developing phrases are easiest to access. When a child emerges from the 'terrible twos,' he has said "No!" so often that it is accessible to him when no other protest is. But the more nuanced rebuttals are trickier for him to retrieve. Even the child who often says, "I don't want to!" needs self-regulation to formulate the more polite expression, "Not right now, thank you."

With our kids on the spectrum, grammar might not be complete until age 10 or 12, or even later. Some sentence patterns are solid and might be accessed under a variety of safe conditions. "I don't like..." comes out frequently, and before a small tantrum turns into a meltdown, we might be able to support the child to find sentences like these, if he feels safe doing so.

How You Can Help

It takes time to expand a child's repertoire of language that he can find reliably. Here's how you can help:

First, we need to support real language development—not just learning canned phrases—in our kids. Spectrum kids need lots of practice hearing and formulating a wide variety of developmentally appropriate sentences and vocabulary for self-expression.

Second, we need to provide kids with many opportunities to communicate real thoughts that are safe to say. It needs to be OK to say, "I'm not doing that" or "That stinks!" and have the outcome be safe. It's tricky for us to remember to acknowledge protests when we need to toe the line with the child, but we have to make the environment safe enough to protest.

Finally, we need to be satisfied with the less expressive alternatives under conditions that seem unsafe to the child. Recognize these less nuanced expressions ("No!" and "Yuck!") for what they are. Respond to their intent, and keep supporting the language your child will grow into.

As a child's self-regulation improves, his sense of safety will broaden. As his language development continues, he will have more and more words to find—and to use! ■

Marge Blanc, MA, CCC-SLP, directs the Communication Development Center (CDC) in Madison, Wisconsin, which specializes in communication services for children who benefit from sensory-motor supports. Marge's articles are available at the CDC website: www.communicationdevelopmentcenter.com.

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