

00:00.41

Sasha Long

Hi, Dr. Becca. Thank you so much for joining me on the podcast.

00:03.88

Dr. Becca Tagg

Thanks for the opportunity. I'm glad to be here.

00:06.25

Sasha Long

I was just telling you that I am so looking forward to this topic, and I personally have a lot of questions, and I think this will be a very helpful episode for teachers, clinicians, and parents. Today we're going to talk about comorbid conditions, which is like a little bit of a mouthful. if For those that have maybe never heard that term, what does that mean, and why is this something that's important and valuable to talk about?

00:31.54

Dr. Becca Tagg

So it's a great question. And I also want to acknowledge that you probably got that language of comorbid condition from a talk I've done, because I have certainly used that phrase. I also want to take a moment to share what I've learned, which is that I've started using the language of co-occurring instead, because comorbid means that it's multiple disease states right there's multiple diagnoses and if we are truly operating from a place where

00:58.81

Dr. Becca Tagg

autism or neurodivergence is not a disease state, then co-occurring would be a more respectful and accurate. um label And so I wanted to share what I've learned, which is, you know, when you know better, do better.

01:11.33

Sasha Long

Love that. Yes, that's so helpful.

01:14.74

Dr. Becca Tagg

And that that that's something that somebody had shared with me recently that I wanted to pass along. So co-occurring or comorbid, right? Comorbid is multiple. diagnoses or disease states, but co-occurring just means there's more than one thing happening at a time.

01:30.28

Dr. Becca Tagg

And it's important because we do know that... individuals with autism or autistic individuals, depending on the preference of of language.

01:40.44

Dr. Becca Tagg

are likely to have more than one diagnosis and the reason it matters is because autism is such a big diagnosis that sometimes the trap is when that diagnosis is given it overshadows any other diagnosis but there absolutely can be more things happening for someone other than just autism so autism as a diagnosis should actually expand our differential or our thinking not shrink it

02:09.53

Sasha Long

That's what I love, first of all, the point on co-occurring conditions. And not only is that respectful, but I think encompasses. More things at play than... than just a diagnosis.

02:19.100

Dr. Becca Tagg

yes Yes, exactly.

02:22.15

Sasha Long

So thinking about you know setting events, things like a bad night's sleep or a stomach ache, can you talk about how even something like that can really affect a student's whole day?

02:33.24

Dr. Becca Tagg

Yes, and this actually made me think of one of the recent podcasts you did about kind of getting. honest about are we using the data that we're collecting because setting events we can be taking the most beautiful ABC data and still not see the human in front of us.

02:52.26

Dr. Becca Tagg

And setting events are a big reason why.

02:52.20

Sasha Long

Yeah.

02:54.18

Dr. Becca Tagg

Setting events are exactly like you said. It could be I didn't sleep well last night. Maybe I got in an argument with my mom in the car on the way to school. Maybe I've got new meds and there are side effects.

03:04.85

Dr. Becca Tagg

Maybe... I've had a lot of change. I had to be very tolerant and

flexible that morning because my sister wasn't following our routine. And then I was tapped out when I got to school and I didn't have anything left.

03:14.70

Sasha Long
you

03:16.86

Dr. Becca Tagg

And so something that it looks like I used to be able to do yesterday. Today it looks like I can't do it, but I can do it. I just can't access the ability to do it in that moment so these setting events impact a lot of things, and we just won't see it immediately in front of us, sort of like we expect to see in that ABC or antecedent behavior consequence.

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Dr. Becca Tagg
sequence.

03:43.36

Sasha Long

Yes, and it's... To me, it's so nuanced. And I think. a really great educator or clinician, man, they can read their kids. A kid gets off the bus and you're just like, something's off. and Yeah.

03:54.84

Sasha Long

As a clinician, how do we account for that? That it's like, it's a, it's a child who, who maybe just didn't sleep well. And just like us when I don't sleep well, I'm not my best self.

04:02.67

Dr. Becca Tagg
That's it. Okay.

04:03.52

Sasha Long
Yeah.

04:04.21

Dr. Becca Tagg

I was just going to say that's not just a child because I'll be 44 next or 45 next month.

04:06.73

Sasha Long
Yeah. ah

04:09.24

Dr. Becca Tagg

And it's happened to me yesterday. So, yeah, if we only are looking at those three seconds before an interfering behavior occurs or any behavior. we are we still really run the risk of of not seeing or misunderstanding that person.

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Sasha Long

Why is this like healthy, regulated? version of you, a prerequisite for learning and and what can happen. to skills when a student has something going on that maybe we don't even know about.

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Dr. Becca Tagg

So that's a great question. um I have many thoughts about regulation.

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Sasha Long

this this

04:45.02

Dr. Becca Tagg

A big one being that I want to be clear that regulated does not mean calm.

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Sasha Long

h

04:50.96

Dr. Becca Tagg

Regulated means that your energy... is a match for the activity that you're doing at that time so if you're out at recess Ram Jam is regulated. You're running, you're jumping, your your volume is louder, your you know blood's pumping to your extremities. That is regulated at recess if it's time to do independent quiet reading or seat work.

05:15.87

Dr. Becca Tagg

that's probably not regulated, right? There's a mismatch. And it's not that one is a good state and one is a bad state. It's about match. alignment. fit and so it's that that state fits the activity in that moment.

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Dr. Becca Tagg

I'd also gently challenge that it's not a prerequisite, but rather that learning is biological, right? And so is inhibiting certain actions. That's biological. So the more...

05:46.49

Dr. Becca Tagg

energy and resources internally that we're having to funnel towards inhibiting a response, staying in my desk. breathing, staying upright. um I don't have those resources available for learning. So it's more that it's inefficient learning if we're dysregulated.

06:05.55

Sasha Long

It's like you don't have much left then for the activity.

06:07.59

Dr. Becca Tagg

That's exactly it.

06:08.37

Sasha Long

Yeah.

06:08.97

Dr. Becca Tagg

That's exactly it.

06:10.72

Sasha Long

And we definitely see those kids, man. They're like so. I kind of sometimes use the analogy of like Times Square, like their classroom is Times Square. You use ah all of your energy like. kind of be like oh don't look over there or focus on this that like I can't do a math problem now

06:22.01

Dr. Becca Tagg

Yes.

06:25.14

Dr. Becca Tagg

Exactly. And if you think about it, that could be the same as let's say their stomach was upset or you know it could be anything can lead to feeling dysregulated so something as simple as a bad body day right like feeling bloated not getting enough sleep being hungry these things can look like a skill deficit when it's actually just an access to the skill problem.

06:30.25

Sasha Long

Yeah.

06:48.97

Sasha Long

And oftentimes these are the kids that are labeled, you know, noncompliant or lazy. and

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Dr. Becca Tagg

Just try harder.

06:55.59

Sasha Long

Yes.

06:55.92

Dr. Becca Tagg

Yep.

06:56.36

Sasha Long

And yeah, they're just hangry.

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Dr. Becca Tagg

Yeah. Which has been me. I mean, I think about that a lot like ah how

07:00.94

Sasha Long

Yeah.

07:03.81

Dr. Becca Tagg

In what way are we taking the perspective of the little learners that we support or the big learners, right, every day and in every interaction? Because when I'm hungry, I'm not at my best. if i have to pee and I've been holding it for an hour. I'm also not, I don't have a lot of resources available to focus on the things happening around me. and I think it's easy for us to forget that kids are experiencing similar.

07:29.23

Sasha Long

Yeah. I think that's... you know, sometimes my problem very, very over generally. with the field of ABA that sometimes we are too hyper-focused on, you know, function of behavior. And like you said, the ABC data that...

07:43.60

Sasha Long

We, maybe there's not enough always emphasis in my experience on. you know including these components that could be having such a big role

07:52.82

Dr. Becca Tagg

Well, and I think you make a great point. um Behavior analysis is a science. It's not good or bad. It just is. But the human implementation of that science, that is where...

08:05.49

Dr. Becca Tagg

The optics, I think, of ABA and rightfully so are under scrutiny because there is such variability.

08:12.26

Sasha Long

Yeah.

08:12.53

Dr. Becca Tagg

uh and that is dangerous right if we are both bcbas and we have similar experience then our skill set should be fairly similar and the way that we do things should be somewhat similar and there's a ton of variability within the profession of ABA and I think that's some of it because to me I would I can't not see those contextual variables.

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Dr. Becca Tagg

It's contextualism, right? the The context is what determines whether this is appropriate or inappropriate, whether this is allowed or not allowed, whether this is acceptable or not.

08:38.20

Sasha Long

Yeah.

08:46.95

Dr. Becca Tagg

And so by not taking those contexts... into account and all of the context um then we are missing key. pieces of that learner's experience.

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Dr. Becca Tagg

And in that way, we're only as good as our data. So if we're missing the data we need, we're going to be limited in what we can do.

09:04.49

Sasha Long

Yeah, absolutely. and I think This conversation helps. like see that broader picture in those contextual variables, like you said. Thinking about... you know, the medical component here. You know, obviously there's sleep and, you know, things like that that affect how we feel

and how we behave.

09:22.98

Sasha Long

In many classrooms, there could be bigger behaviors, things like, you know, off-task fidgeting or even like aggression, skill requisition.

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Dr. Becca Tagg

mm-hmm

09:32.04

Sasha Long

broadly, what are some medical culprits that could be behind some of these? bigger, more you know obvious or apparent behaviors.

09:41.70

Dr. Becca Tagg

This is such a great question and one that I want to answer very carefully because I don't want teachers listening to feel like they need to memorize a list of if this, then this.

09:52.01

Sasha Long

Yes.

09:52.99

Dr. Becca Tagg

And the reason I say that is because

09:52.81

Sasha Long

Yeah.

09:55.02

Dr. Becca Tagg

I believe strongly that teaching is not just a job. It's a calling. It's a passion. It's how you are in the world before you ever took a praxis exam. And so what that means to me is that you care. And because you care, you want to learn as much as you can to help your little learners be as successful as possible. And in that way, we can put so much pressure on ourselves. So for teachers,

10:17.80

Dr. Becca Tagg

it's about noticing a change or noticing what's different for a student that's like the most valuable thing you can provide because you know your learners and so what you're looking for is anything different that the student is doing.

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Dr. Becca Tagg

now. So it could be a behavior, maybe they've always rocked, then rocking is not as much of a concern necessarily. But let's say now they're they've always rocked, but they're rocking.

10:44.84

Dr. Becca Tagg

harder, like with greater intensity and it's all the time. Well, that's still a change, right? It's not a new behavior, but it's a consistent change to Even though it's a behavior they've been doing. So the same topography can come from lots of different variables. So like that rocking could be.

11:03.81

Dr. Becca Tagg

It could be an ear infection, right? Your balance is in your ear.

11:05.88

Sasha Long

yeah

11:07.11

Dr. Becca Tagg

And so maybe you're rocking to try to. change that it also could be neurological seizures or other neurologic conditions like I have multiple sclerosis and I know sometimes my hand will go numb just because That's fun.

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Dr. Becca Tagg

and Like just that that happens.

11:22.03

Sasha Long

and ah

11:22.52

Dr. Becca Tagg

No one can see it But it shows the example that we don't know what's happening for our students under the skin. So did their arm fall asleep? Do they have MS?

11:30.73

Sasha Long

who

11:31.44

Dr. Becca Tagg

I mean, who knows? And so... behavior can mean so many different

things that... for teachers we don't have to figure out you don't have to figure out what that means you just have to notice it

11:42.99

Dr. Becca Tagg

Because the same behavior could, again, be a variety of different diagnoses that's going to require visits to a variety of specialists to rule in or out those diagnoses. But it could be things like GI, sleep problems, neurological problems. I mean, there could be so many different potential.

12:04.20

Dr. Becca Tagg

co-occurring disorders but even just co-occurring states like hunger right when you get hungry and your stomach sort of starts getting gurgly if you don't like that sound maybe you start pushing on your stomach But maybe you also do that if you're really full, right? It's trying different things is what the kids are doing. So the the most powerful. piece is that noticing and caring that teachers naturally have where they would have picked a different job other than education.

12:32.45

Sasha Long

Yeah, I mean, I love how you. Talked about teachers in that way because it's so true. and And really great educators, they they know their students.

12:37.12

Dr. Becca Tagg

It is.

12:40.09

Sasha Long

And and it that change is such a good.

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Dr. Becca Tagg

Yeah.

12:43.42

Sasha Long

a good cue to to be on kind of like a little bit alert, like, okay, like my antenna is up a little bit on what's going on here.

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Dr. Becca Tagg

Yes, and then your job is to just hand the baton to another. caregiver, another stakeholder for the child. Maybe it's the nurse, maybe it's your it's their caregiver, like their parents, maybe it's

an extended family member, maybe it's their EC teacher, special educator. It really depends, but we don't have to solve the problem ourselves because the beauty of that is we don't have to have a million dollars in student loans.

13:16.04

Dr. Becca Tagg

We just have to pay our own loan.

13:16.04

Sasha Long

Yeah.

13:17.57

Dr. Becca Tagg

We just have to hand it to somebody else who knows different than what we do and can help figure out whether this is something that needs further attention.

13:28.40

Sasha Long

Talk to me a little bit about that process because I've sometimes felt, you know. Between a rock and a hard place, I'm not a doctor, but as a teacher or as a clinician, I think something's going on. What advice do you have for educators in that role on bringing this up with a family member and what kind of those next steps could be?

13:48.32

Dr. Becca Tagg

um My true psychologist answer is going to be it depends because it's going to depend on so many contextual variables.

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Sasha Long

Yeah, yeah. You don't have the secret way to say it. ah

13:56.22

Dr. Becca Tagg

involved. I'm worried about how you're saying it is probably my best advice because that's when we are trying to make it sound a certain way And we get further away from what's actually motivating us, which is that we care.

14:11.93

Sasha Long

Mm hmm.

14:12.02

Dr. Becca Tagg

And when we can stay connected to the fact that we care. it usually

comes out. with that as the emphasis. and There's also no perfect way to say it that's going to guarantee that somebody doesn't yell at you. And I think sometimes that's what we worry about when we're giving news that we're not sure how people are going to take it, is we don't want to upset someone. We don't want to hurt their feelings. We don't want to be wrong.

14:35.05

Dr. Becca Tagg

And. We have no guarantee how somebody is going to receive. or perceive what we say.

14:43.94

Dr. Becca Tagg

I could say the same thing somebody else does and somebody could yell at me and not you and vice versa. And so being more committed to expressing honestly and accurately what we're seeing, I think is more important than having the answer of why it's happening or what the person has to do. because they are going to know things that we don't. So just... presenting what you saw, objective, observable.

15:09.78

Dr. Becca Tagg

not making those inferences i i often tell folks to listen for the verbs right kicked um Bit. completed, wrote, read. When we are

15:22.16

Dr. Becca Tagg

we've got a lot of verbs in there, we are less likely to be making inferences because you're talking about exactly what you saw, what you heard, what you smelled, what you felt, and relying on that. sensation or sensory input often keeps us rooted in the facts instead of making inferences or expansions.

15:42.72

Sasha Long

That's really good advice. And yeah, you never you never know how someone's going to take anything. But yeah, getting to that core. you know, mission or your goal of. I want to communicate this and then communicate it objectively.

15:55.16

Dr. Becca Tagg

And usually what parents are going to do or whoever else, you know, other caregivers is to reach out to ah a specialist potentially, right? If we're noticing a lot of um stomach pressing behavior and a reduction in eating, right? We've got a change in behavior around eating. There's probably a coordinated, connected.

16:14.43

Dr. Becca Tagg

elimination issue so parents may reach out to the pediatrician and then based on their insurance they may need a pediatrician referral to see a specialist maybe their insurance lets them contact specialists directly and in just that example of health insurance we've already got two different roots to move forward that has to do with something.

16:35.39

Dr. Becca Tagg

teacher's never going to know. And not because he, she, or they are not a fabulous teacher, but because they just don't know about the kid's health insurance because it's not relevant necessarily to what they're doing.

16:43.30

Sasha Long

Yeah. Yeah, that's true. I mean, that and that whole world gets very complicated very quickly.

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Dr. Becca Tagg

Sure does.

16:50.83

Sasha Long

um Yeah, as you know.

16:52.97

Dr. Becca Tagg

As a patient and provider, it gets confusing.

16:54.17

Sasha Long

Yes. I, you know, and i and i I do also like kind of. Jumping to the next. Stop. potentially in this process. i in a scenario where hey there is some co-diagnosis and there's other you know clinicians, teachers.

17:10.79

Sasha Long

ah doctors involved, I do often feel for parents as being like the go between, you know, the go between between the doctor at school or the doctor that they see and the school.

17:15.51

Dr. Becca Tagg

Mhm.

17:20.94

Sasha Long

And you know I've been in scenarios oftentimes where parents, you know English is not their first language and they're the ones explaining what the doctor said about the medication change.

17:25.56

Dr. Becca Tagg

Mm hmm.

17:29.92

Sasha Long

what ah What advice do you have for teachers on... you know, Being supportive there on like, hey, like I was always like, what data do you want? Like, I'll take the data. You know, I'm a data nerd, but like ah what data would be helpful?

17:38.63

Dr. Becca Tagg

mm-hmm

17:41.20

Sasha Long

for this. this psychiatrist to have that might affect. you know, what their medication dose is. I know that's a broad question without a specific, obviously, scenario, but...

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Sasha Long

If you get to kind of what the point of what I'm asking there.

17:53.98

Dr. Becca Tagg

Yeah, oh, of course. course And i what I would like to do first is to... empower the educators who were on the call i mean i so i started as a school psychologist because kids spend 30 some hours a week in school and I knew I wanted to make a change and make a difference and support kids So that was a great place to do it teachers and school teams have access to more data about a kiddo.

18:20.95

Dr. Becca Tagg

Because every interaction, every time you glance over at them, you are collecting data. And it isn't just the data that goes on these you know lovely data sheets or data collection programs.

18:34.49

Dr. Becca Tagg

Quite literally, every time you glance over at that student, you are doing an informal assessment and not to downgrade or like. not think about that as data. It is. And that's why that you noticing the change is so critical. um And some ways that you can collect the data, it

really does depend on what we're... you know, what the issue is or what the behavior is or why we're collecting it.

19:01.80

Dr. Becca Tagg

But there can be a lot of changes around. Men? Med changes, side effects. um

19:09.48

Dr. Becca Tagg

changes in appetite and eating. elimination, and any changes in sleeping, those tend to be really good things to look out for, whether it's a med change, whether it's a change in caregiver. It's those necessary to light behaviors and the things that no one can make you do. So we see kids take back. control in those areas as well as being areas where they're not feeling well. So eating more or less.

19:36.17

Dr. Becca Tagg

eliminating more or less. uh less comfortable eating or eliminating more tired, you know falling asleep in class, less tired, maybe they're jittery. Anything around eating, sleeping, those are those are going to be...

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Dr. Becca Tagg

Big things to keep an eye out on. And then, of course, mood. Any changes in mood are going to be important ones to be able to pass along to to caregivers, to pass along to... to Doctors, I also think it's okay to say.

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Dr. Becca Tagg

that you're just going to collect data and send the data to the doctor's office.

20:10.75

Sasha Long

Mm hmm.

20:10.89

Dr. Becca Tagg

The parent doesn't have to be the go-between and that that's okay also. um

20:17.03

Sasha Long

Yeah, that was kind of going to be my next question. Is that? you know, overstepping to be like, hey, are you comfortable with me just sending this data over? Because I've... been in scenarios both ways.

And, and yeah, to me, it's always a lot on the parents to have to be the the person in between.

20:31.43

Dr. Becca Tagg

For sure. Even, you know, making sure that we've got those up to date releases of information so that we can. receive, maybe even it's just the the session notes from that day from the doctor, so that we're alleviating relieving parent of that responsibility of having to relay.

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Dr. Becca Tagg

what they remember because it can it it can be overwhelming when you've got a lot of information coming at you and you're trying to remember all the details.

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Sasha Long

Yeah. You mentioned sleep and I wanted to kind of pick your brain on sleep because. I've definitely seen that in classrooms where you know kids are falling asleep. frequently, maybe sleep two hours in the morning. And and I kind of have...

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Sasha Long

you know. As a... as a teacher, as a parent, whatever, I have mixed thoughts. I'm like, well, let's wake him up and have him do some work. And I'm like, he's tired. You know, what are, what are your thoughts on, on that like sleep side effect? And how do you?

21:25.58

Sasha Long

recommend teachers handle that if kids are sleeping for a a percentage of the school day

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Dr. Becca Tagg

So I think like you I have mixed feelings about it because my first thought is don't they shouldn't be sleeping all during the day now if it's And then I go right into, well, what's the context, Becca?

21:41.22

Dr. Becca Tagg

Don't automatically say they shouldn't be sleeping because I don't i don't have the deets, right?

21:41.31

Sasha Long

Yeah.

21:45.49

Dr. Becca Tagg

What makes this this?

21:45.45

Sasha Long

Yeah.

21:47.10

Dr. Becca Tagg

So if it's for a couple days, like two or three days immediately following a med change. That I can get on board with. Do I love it? No. Will I live? Yes. You know, like, yep.

21:55.84

Sasha Long

Yeah.

21:57.40

Dr. Becca Tagg

If this is ongoing. There's something wrong.

22:00.73

Sasha Long

Yeah.

22:00.89

Dr. Becca Tagg

Something is happening where there, if it's a med change, it's probably not the right medication, depending, right? Because even then I say, well, Becca, I need more details. Because is this a medication that takes four to six weeks to get to the the clinical level in your system? Or is it one that we would know within a day or two if it's a good fit? So that matters. But generally, like we sleep at night. And so if we are...

22:24.44

Dr. Becca Tagg

Sleeping during the day Are we also sleeping at night? That's one thing. Or is something happening that our sleep hygiene may need to be improved? Said the desert to the grain of sand, I have a TV in my room, I stay up too late watching TV.

22:37.09

Sasha Long

ha

22:38.99

Dr. Becca Tagg

But but do we need to... shape up some of that those those bedtime routine and sleep hygiene behaviors And if we have a release of information, we may be able to talk to another provider. Maybe there's an OT or a speech path or a BCBA or somebody else that the family is working with in the evening that they don't realize that potentially or what they're doing may be having an impact on bedtime. And that may be then. carrying over into the next day. So it's.

23:08.87

Dr. Becca Tagg

It really varies. But ongoing, no, I don't think that kids should be sleeping. during the day in school because as creatures we sleep at night.

23:19.48

Dr. Becca Tagg

um

23:21.33

Sasha Long

And that is like a nice, like it's a, sleep's a verb, you know, it's an objective thing. to bring up to parents like you've said like this is what i'm seeing and and i think that's also an potentially easy thing to track too like how often are they sleeping what times to like share that information

23:34.75

Dr. Becca Tagg

Mm-hmm.

23:37.59

Dr. Becca Tagg

Yeah, because then we can calculate exactly what percentage of instruction is being missed and that really puts things in perspective.

23:44.09

Sasha Long

Yeah.

23:44.50

Dr. Becca Tagg

um That's.

23:45.26

Sasha Long

That's a great point.

23:46.09

Dr. Becca Tagg

when When we see kids then falling behind academically, do they feed into each other, right? I'm sleeping to avoid because I don't like feeling like I don't know the answers to these, but then I'm falling asleep, so I'm missing instruction, so I really don't know the answer to these. They can feed into each other.

24:01.72

Sasha Long

And I love that. I mean, that's such a helpful piece of information to use because obviously the sleep. The bedtime. process can be so challenging for families but

24:10.59

Dr. Becca Tagg

Mhm.

24:11.38

Sasha Long

That might be ah a motivating factor if you're like, wow, my kid's losing 30 % of instruction because they're staying up till one in the morning on a video game. Maybe I've got to focus and prioritize this.

24:21.44

Dr. Becca Tagg

For sure.

24:22.78

Sasha Long

So. bigger comp complicated topic as well. Maybe it's own episode. Talk to me a little bit about the mental health side, you know, things like. anxiety and adhd you know i've talk to parents that are like, we're going to get this co-diagnosis or if a teacher finds out a child has two diagnoses, autism and depression, autism and and and ADHD.

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Sasha Long

How can those... Interact and then. Maybe the secondary follow-up question is is... chicken or the egg, doesn't matter if this behavior is from this diagnosis or this.

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Dr. Becca Tagg

Those are great questions. um It depends.

25:00.40

Sasha Long

Hmm.

25:00.93

Dr. Becca Tagg

But in general...

25:01.37

Sasha Long

Yeah.

25:02.69

Dr. Becca Tagg

um that diagnostic overshadowing is something that I do want to caution. So if if there's autism, there is a potential to attribute most of the behaviors to autism, which is overshadowing any other diagnosis. But it does matter because...

25:22.59

Dr. Becca Tagg

diagnosis can help to drive treatment, right? So if I have a stomach ache, It could be an ulcer, it could be cancer, or it could be I ate something bad. Those three things need different.

25:33.65

Dr. Becca Tagg

medication, different treatment. maybe don't even need medication at all for some of them. And that's why it matters to accurately diagnose not just autism but any other co-occurring disorder or state because that's what drives our intervention.

25:50.79

Dr. Becca Tagg

that's what drives our our behavioral response to the learner or the person and so if A person is feeling anxious. Saying calm down.

26:02.00

Dr. Becca Tagg

Ain't it? that's not going to work. And if you say it to me, I'll kick it up at a couple notches just to show you that you don't even know what you thought you saw yet.

26:06.49

Sasha Long

ha

26:11.06

Dr. Becca Tagg

And that matters because if somebody is feeling Sad. or even anxious but they don't also have this persistent drive for autonomy they probably aren't going to respond in that way so that may be an okay response but the opposite of anxiety is not calm, it's security.

26:30.68

Sasha Long

Mm hmm.

26:30.64

Dr. Becca Tagg

So that's why saying calm down doesn't work. I'm being punchy about it. But in actuality, anxiety means that the individual does not. is not steady they don't know what is going to happen and that usually comes from inconsistencies from us so the it can be feedback that oh i need to be a little more clear i need to be a little more aligned Now, an anxiety diagnosis means or suggests that somebody may feel anxious even when there isn't.

27:00.28

Dr. Becca Tagg

those inconsistencies. So what we want to provide is as much consistency as possible. Period. Does that make sense?

27:08.84

Sasha Long

Yeah, absolutely. and That's interesting to think about. you know, why. a potential second diagnosis can be helpful. And that's, I mean, broadly sometimes advice I give, like if we think this.

27:23.20

Sasha Long

this diagnosis will lead to different treatment or strategies or supports, then yes, that's going to be. a helpful solution potentially.

27:32.29

Dr. Becca Tagg

When I think autism and OCD is a great example because both are associated with What? look like or topographically appear like repetitive behaviors but they happen for very different reasons and so ah

27:45.88

Sasha Long

Mm hmm.

27:47.100

Dr. Becca Tagg

autism repetitive behaviors is often it's called egocentric it's something they enjoy so it's preferred right our kids and adults are often stoked when they're engaging in items and activities related to areas of special interest or repetitive behaviors feels good. i twirl I have curly hair and I twirl my hair around my pointer finger in a certain way and I've always done that. it's it's It doesn't bother me.

28:16.08

Dr. Becca Tagg

For OCD, the repetitive behaviors are intrusive. It's ego. dystonic. It's not something that they want to do. So that same... sequence of behaviors, those repetitive behaviors or narrow interest, kind of doing the same thing, is generally not an enjoyable thing. So for someone with OCD, the treatment is about trying to remove how much time they have to spend doing these things they don't want to do. Whereas with autism, if we took that same treatment,

28:44.61

Dr. Becca Tagg

route, that wouldn't be it because they're really enjoying it. So we don't want to take it away. And it's often serving a ah regulatory function as well. So we don't want to fully remove it. So understanding context really matters.

28:58.95

Sasha Long

that's a really helpful example to think about because yeah very similar on the surface looking but a lot of different components going on beneath

29:03.05

Dr. Becca Tagg

mm-hmm

29:07.24

Dr. Becca Tagg

mm-hmm

29:08.12

Sasha Long

With this question, I've thought a lot about i had ah you know how you have like students or clients that like live rent-free in your head forever and ever.

29:14.37

Dr. Becca Tagg

Yes.

29:14.90

Sasha Long

um I had a student that was duly diagnosed with autism and depression, and it was a really challenging, you know from my perspective as you know his support educator or person then, was was hard.

29:26.96

Sasha Long

and And a lot of it was not my area of expertise because a lot of it... kind of did you could see clearly fell and under this depression

umbrella and he did have so much more success at school when he was able to find a psychiatrist that really understood him and a psychologist outside of school.

29:42.62

Dr. Becca Tagg

Yes.

29:43.96

Sasha Long

But you know I felt out of my depth of like, no, I don't know about this stuff over here.

29:48.62

Dr. Becca Tagg

Well, and you know, Sasha, I actually think that's a blessing because there are some things that I think and this is just the world according to becca so take or leave can't occur at school You cannot do certain therapies at school because school has an inherent evaluative component.

29:58.57

Sasha Long

Mm hmm.

30:01.05

Sasha Long

Yeah.

30:05.25

Dr. Becca Tagg

Therapy better not. as far as traditional psychotherapy. So doing trauma therapy at school is, I believe, contraindicated. The same can be true about...

30:15.75

Dr. Becca Tagg

you know, even depressive or anxiety therapy that's very deep because there is this evaluative component and you're in the exact same environment, maybe not the same classroom, but you're you're in the same school building, even when you're in the counselor's office. And so I do think that that's the beauty of having.

30:35.92

Dr. Becca Tagg

um you know, it it isn't just. One person the Sun doesn't rise and set just on the school team We've got all these other professionals who can be available to help hold some of that weight and when we all share the weight we can lift our little learners so much higher because we have more support behind us.

30:55.04

Sasha Long

Yeah. And like, we can't, you know, I'd love to be an expert and everything, but like, I think it is knowing where you're. competencies end and when you know to reach out for help and support

31:05.20

Dr. Becca Tagg

And to get you know when I was first becoming a psychologist, I thought I wanted to do substance use and abuse. therapy and i did ah practic a practicum in it and i wasn't great at it i mean i was okay but there were people who had lived experience in it and the the professional education and they were exceptional. And sometimes I needed to get up and out of the seat I was in because there was somebody who could do it better than me.

31:32.96

Dr. Becca Tagg

And I needed to. vacate that seat so that that patient across the chair from me could have the best possible that they could have and it wasn't me.

31:41.36

Sasha Long

Yeah. I think in a lot of this to me comes back to like. Another motivating factor for having like good relationships and rapport with families and caregivers. So we, they're potentially more open to discussing, you know, reaching out for more help.

31:55.62

Dr. Becca Tagg

Mm hmm.

31:56.21

Sasha Long

And obviously that's a big. you know. that can be a big struggle for parents but like when we When we raise an alarm of like, hey, I'm really concerned about this, they trust and respect us to follow through on those next steps.

32:01.41

Dr. Becca Tagg

Yes.

32:10.91

Dr. Becca Tagg

And did you hear how you said that? you i mean if If a teacher said it the way that you just did, that is going to increase the likelihood that it goes over well. You you leaned in.

32:20.40

Sasha Long

Yeah.

32:21.47

Dr. Becca Tagg

Your tone was low. I could hear that you cared. And what you said was, I'm really worried. i really am i care about your child and i'm worried

32:28.51

Sasha Long

Yeah.

32:32.14

Dr. Becca Tagg

And I don't know what ah I've used all the tricks that I've got. I'm not sure what else to do How does it feel to reach out to so-and-so for a consultation or support?

32:40.09

Sasha Long

Mm hmm.

32:41.94

Dr. Becca Tagg

I think that's a great way to go about it.

32:43.94

Sasha Long

And to me, it's like better to have what's potentially an uncomfortable. or not great conversation, then avoid it. You know, like it's there's a tendency, I think, to like, oh, I'm just going to avoid it. But like in the end, that's maybe not.

32:55.51

Sasha Long

what's not not what's best for the child.

32:57.37

Dr. Becca Tagg

whoa, you can't avoid it. I mean, I'm going to just be, I hate to rain on the, pre that's just, well, you're just kicking the can down the road.

32:59.67

Sasha Long

Yeah, that's true. If they're sleeping all day or, or yeah. Yeah.

33:03.39

Dr. Becca Tagg

The conversation's going to come up because when we're engaging in a behavior that is not serving us well, it's not serving us well.

33:05.08

Sasha Long

Yeah, true.

33:09.80

Dr. Becca Tagg

So we either address it now when it's.

33:09.75

Sasha Long

Yeah.

33:12.72

Dr. Becca Tagg

hopefully in a bite-sized piece or down the road when it's gotten the size of you know a monument I'll take it now.

33:18.81

Sasha Long

Yeah.

33:20.35

Dr. Becca Tagg

I hate kicking the can down the road because I know it's just going to come back and bite me in the tail. And then, and I've done it then when somebody says, well, why didn't you bring this up four months ago when it first started? And I sit there and say, well.

33:33.38

Dr. Becca Tagg

because ah right as i lie i kind of wanted to just Because I prioritized my comfort over what the learner needed.

33:34.57

Sasha Long

Yeah. Yeah.

33:41.25

Dr. Becca Tagg

That's the honest answer. And if we don't feel comfortable saying that, we probably shouldn't.

33:42.51

Sasha Long

Yeah.

33:45.40

Dr. Becca Tagg
put it off then.

33:46.34

Sasha Long
No, that's a really that's a really good point.

33:46.36

Dr. Becca Tagg
um

33:47.97

Sasha Long
and I think often in like big You know, a lot of my experience is in a big urban district and with limited resources.

33:48.57

Dr. Becca Tagg
Peace.

33:53.84

Sasha Long
And then they just move it around. You know, they're like, oh, well, let's try another class.

33:55.65

Dr. Becca Tagg
Yes.

33:56.73

Sasha Long
Let's try a therapeutic program. And it's like ah eventually it is going to come to a head, whether it's not on your plate or a different teacher's, but it it will. And then it will probably be a much bigger challenge at that point.

34:07.23

Dr. Becca Tagg
yeah Yeah, and then how do you feel about your colleagues? Because that's a tough one.

34:10.34

Sasha Long
Yeah.

34:11.11

Dr. Becca Tagg
It's like, well, dang, if this was happening in kindergarten, why did

we keep pushing him on to third grade? Because it's a lot harder to catch up now that he's got two more years.

34:16.12

Sasha Long

For sure. we You look back at the IEP, you're like, who did he have?

34:19.60

Dr. Becca Tagg

That's it.

34:19.88

Sasha Long

Exactly. And now they're bigger and they've got more tricks in their bag.

34:23.26

Dr. Becca Tagg

here

34:24.74

Sasha Long

and

34:25.50

Dr. Becca Tagg

and potentially further behind.

34:25.61

Sasha Long

i mean Yeah. Yeah. Oh my gosh. I could chat you with you about this forever, Dr. Becca. Thank you so much. I love the way that you explain really complex things.

34:35.68

Sasha Long

And I think a really.

34:36.52

Dr. Becca Tagg

Thank you.

34:37.49

Sasha Long

understandable and reasonable way, where can people go to learn more from you?

34:41.97

Dr. Becca Tagg

Well, they can. I'm in southeastern North Carolina. um Del Mar Center

for Behavioral Health is the organization where I work and also thebusinessofbehavior .com. I've got a bunch of resources available there. So either of those places are great ways to to find me. And I hope folks do. i Truly love the work I get to do and I know that not everyone can say that and I feel incredibly incredibly lucky So thank you.

35:07.82

Sasha Long

Well thank you so much. Thanks for joining me.

35:10.03

Dr. Becca Tagg

Of course, thanks.