PARENT GUIDE • PROTECTIVE WITHDRAWAL

Shutdowns Behavior Blueprint™

Quiet does not always mean calm. Protect access before asking for a response.

> DO NOT MISTAKE REDUCED OUTPUT FOR RESTORED CAPACITY.

What a shutdown is

A shutdown is a protective reduction in movement, speech, interaction, decision-making, or participation when the nervous system no longer has enough capacity. The person may look still, sleepy, compliant, frozen, distant, or “checked out” while experiencing significant internal distress.

A shutdown is not automatically refusal, ignoring, laziness, disrespect, or manipulation. Reduce pressure first, preserve dignity, and investigate what the nervous system is protecting against.

> Silence is still communication.

SIMILAR STILLNESS, DIFFERENT NEEDS

Know the difference

SHUTDOWN

Capacity and outward response decrease after overload, fear, pain, or sustained demand. Access may return with safety and recovery.

REFUSAL OR DISENGAGEMENT

The person may retain more communication, goals, choices, and negotiation. Ask what the demand means and what support is missing.

SLEEPINESS, ILLNESS, OR MEDICATION

Check sleep, fever, hydration, pain, nutrition, medication changes, and physical causes instead of assuming behavior.

MEDICAL OR PSYCHIATRIC CONCERN

Sudden unresponsiveness, inability to wake, seizure signs, major skill loss, marked slowing, unusual posturing, or persistent withdrawal needs prompt evaluation.

WHAT WAS TOO MUCH, TOO FAST, TOO PAINFUL, TOO UNSAFE, OR TOO LONG?

Step 1: find the load

ACCUMULATED OVERLOAD

Sensory input, demands, transitions, masking, social effort, and stress may build until the nervous system reduces output.

LANGUAGE OR PRESSURE

Rapid questions, prompts, correction, decisions, eye-contact demands, or being watched can exceed processing capacity.

FEAR, CONFLICT, OR TRAUMA

Threat, shame, confrontation, bullying, past harm, or feeling trapped may activate freeze, collapse, or disconnection.

PAIN, FATIGUE, OR ILLNESS

Sleep loss, hunger, dehydration, migraine, GI pain, infection, medication effects, or health needs can look like withdrawal.

COMMUNICATION MISMATCH

The person may understand more than they can show but lack a reliable way to say stop, wait, help, pain, or not now.

BURNOUT & SUSTAINED DEMAND

Long periods of coping, masking, recovery debt, or demands beyond capacity may cause longer shutdowns.

What happened during the hours before shutdown:

_____

NOTICE FADING ACCESS BEFORE STILLNESS

Step 2: map the 0–60 Journey™

	Longer pauses, less eye contact, slower movement, quieter voice, or reduced social response
	Fewer words, repeated “I don’t know,” staring, rubbing the face, hiding, or difficulty choosing
	Cannot answer open questions, initiate movement, shift tasks, or tolerate more people and talking
	Speech becomes inaccessible; body may freeze, curl inward, go limp, or move only with great effort
	Minimal response, profound withdrawal, inability to complete basic tasks, or loss of familiar skills
	Immediate safety or medical concern, inability to wake, sudden unusual unresponsiveness, or severe functional loss

10-20 signals:

_____

_____

30-40 signals:

_____

_____

50-60 signals:

_____

_____

IN THE MOMENT

Steps 3-6: Pause–Protect–Preserve–Return Plan™

03 • PAUSE

Stop questions, correction, teaching, and repeated prompts. Allow silence and processing time without demanding proof of understanding.

04 • PROTECT

Check breathing, responsiveness, pain, injury, illness, medication, and safety. Reduce noise, people, light, and demand.

05 • PRESERVE ACCESS

Offer one low-effort communication option and one basic need at a time.

Say: “You do not have to talk. I will stay nearby.”

06 • RETURN GENTLY

Wait for signs of capacity, then offer one familiar step. Do not demand an explanation, apology, or full return.

Low-effort communication option:

_____

Recovery space, supports, and check-in plan:

_____

Step 7: teach access skills

SIGNAL LESS OR STOP

Teach a gesture, card, button, word, or AAC message that reliably reduces talking, questions, and demands.

CHOOSE A LOW-DEMAND SPACE

Practice moving to a safe quiet location before speech, movement, or decisions become inaccessible.

USE AN ALTERNATIVE RESPONSE

Allow pointing, typing, drawing, yes/no cards, eye movement, or extra response time instead of requiring speech.

SHOW BASIC BODY NEEDS

Make pain, bathroom, water, food, temperature, medication, movement, and rest easy to communicate.

ASK FOR RECOVERY TIME

Teach “20 minutes quiet,” “no questions,” or “check back after the timer.”

PLAN A GENTLE RETURN

Use one familiar task, one trusted person, and one manageable step instead of restoring every demand.

The first access skill we will teach:

_____

How adults will respond when it is used:

_____

REDUCE LOAD BEFORE CAPACITY COLLAPSES

Step 8: prevention plan

SCHEDULE RECOVERY

Build low-demand time before and after school, social demands, appointments, travel, and high-effort periods.

REDUCE COMMUNICATION LOAD

Use fewer words, visual choices, wait time, written information, predictable scripts, and accessible AAC.

SUPPORT BODY NEEDS

Track pain, sleep, food, hydration, toileting, illness, hormones, sensory needs, and medication changes.

PROTECT FROM PRESSURE

Address bullying, public correction, forced eye contact or touch, restraint, overwhelming work, and denied accommodations.

PLAN THE RETURN

Define how adults know capacity is returning, what first step is manageable, and which demands can wait.

WRITE & COORDINATE

Share early signs, communication, safety checks, recovery supports, and escalation thresholds across settings.

Early signal, load to reduce, and recovery support:

_____

Communication option and gentle return step:

_____

Safety and professional evaluation

EMERGENCY MEDICAL HELP

Act immediately for inability to wake, breathing difficulty, blue lips, seizure signs, sudden weakness, head injury, suspected poisoning or overdose, or sudden unusual unresponsiveness.

PROMPT CLINICAL EVALUATION

Seek assessment for new major loss of speech, movement, self-care, or familiar skills; marked slowing; unusual posturing; immobility; or rapidly worsening function.

MENTAL-HEALTH SUPPORT

Persistent withdrawal, loss of interest, hopelessness, trauma symptoms, dissociation, self-harm, or suicidal thoughts need qualified support and an appropriate safety response.

SCHOOL SUPPORT

Consider IEP/504 evaluation, low-demand recovery space, alternative communication, workload and sensory changes, and a written shutdown response plan.

Important: Do not label a sudden or prolonged change as “an autistic shutdown” without considering medical, neurological, medication, sleep, trauma, depression, and catatonia-related concerns. Catatonia requires professional assessment.

Safety note: This educational guide does not diagnose or treat shutdown, dissociation, depression, or catatonia and does not replace medical, mental-health, or emergency care.

Need an individualized plan? Schedule at calendly.com/optimizemylife/newclientintake or email mary@supportiveminds.us.