SUPPORTIVE MINDS™

PARENT GUIDE • IMPULSE CONTROL

Teaching the Pause

A practical guide for reducing hitting, yelling, swearing, and impulsive reactions by teaching the missing skill.

Behavior is communication. Safety is the boundary. Skills can be taught.

For parents and caregivers of autistic and neurodivergent children

Mary Stanley • Supportive Minds™ • Making the Impossible Possible™

START HERE

Impulse control is a skill - not a character trait.

Impulse control is the ability to pause long enough to notice what is happening, consider a response, and choose a safer action. Autistic and neurodivergent children may need this pause taught in smaller, more concrete steps.

> The goal is not to make a child suppress every feeling. The goal is to help the child stay safe, communicate what is wrong, and choose a response they can use in real life.

The pattern we are changing

What often happens	What we teach
Trigger -> feeling -> impulse -> behavior	**Trigger -> feeling -> PAUSE -> think -> choose**

You may see impulse-control difficulty as:

Body first
Hitting, kicking, biting, pinching, pushing, grabbing, throwing, or bolting before the child can stop.

Words first
Yelling, swearing, threatening, name-calling, interrupting, or saying the most powerful words available.

Action first
Opening doors, touching, taking, eating, climbing, or moving before checking safety or permission.

Disappointment first
A rapid outburst when hearing no, waiting, losing, stopping, changing plans, or being corrected.

Important: Harmful behavior still needs a clear boundary. Understanding the reason helps you teach effectively; it does not excuse hurting, threatening, or frightening others.

STEP 1 • LOOK BENEATH THE REACTION

Find what is making the pause harder.

Do not assume every incident has the same cause. Ask what happened before the behavior, what the body was communicating, and what changed afterward.

Overload

Noise, crowds, demands, transitions, conflict, embarrassment, uncertainty, or too much accumulated stress.

Body need

Pain, constipation, hunger, thirst, fatigue, illness, medication effects, or another health change.

Communication gap

The child cannot quickly say or show: stop, help, break, space, hurt, finished, wait, or not yet.

Executive-function load

Stopping, shifting, remembering the rule, predicting the outcome, and choosing another action may all be difficult at once.

Skill not practiced

The child knows what not to do but does not yet have a familiar response to use instead.

Behavior changed the outcome

The reaction has delayed a task, gained access, ended a demand, or created a strong adult response before.

Three questions to ask

- What happened in the 5-15 minutes before the reaction?
- What was the child trying to get, avoid, communicate, or regulate?
- What did adults do, and what changed immediately afterward?

> If behavior changes suddenly, becomes much more intense, or appears alongside sleep, appetite, bowel, pain, medication, or health changes, contact an appropriate healthcare professional.

STEP 2 • THE 0-60 JOURNEY™

Catch the impulse before contact.

The best teaching window is usually before the child reaches 50-60. Replace these examples with your child's actual body signals, words, and movement pattern.

LEVEL	WHAT YOU MAY NOTICE	WHAT THE ADULT DOES
10	Restless, quiet, faster movement, body tension, change in voice	Connect; name the first signal; offer support
20	Repeating, protesting, interrupting, crowding, asking again	Reduce words; make the next step visible
30	Louder voice, pacing, clenched jaw, rigid thinking, rude words	Prompt one practiced pause or break skill
40	Threats, swatting, throwing near others, rapid escalation	Prioritize distance and safety; reduce demands
50	Attempts to hit, kick, bite, run, or damage objects	Block access to danger; use very little language
60	Active aggression or loss of access to language and familiar skills	Safety and co-regulation only; teach later

Write your child's earliest three signs

At 10, I notice...	
At 20, I notice...	
At 30, I notice...	

If the child is in a meltdown and has lost access to reasoning, choices, or familiar skills, switch from teaching impulse control to safety, reduced demands, and co-regulation. Teach after recovery.

STEP 3 • IN THE MOMENT

Protect safety without adding shame.

Use the fewest words needed. Your job during danger is to stop harm and lower the load. The lesson comes later.

When the body becomes unsafe

Create distance

Move other people and unsafe objects away. Step back or guide others to safety.

Use one boundary

Say: 'I will not let you hit.' or 'Safe hands. I am moving back.'

Reduce the load

Lower noise, questions, demands, eye-contact expectations, and the number of people talking.

Wait for recovery

Do not demand an explanation, apology, or problem-solving while the child is still dysregulated.

When words become unsafe or abusive

Swearing, threats, name-calling, screaming, or cruel comments are not acceptable. Respond to the intensity without entering a debate.

> **'You may be angry. You may not threaten or insult me. I will listen when your words are safe.'**

Short scripts that protect the relationship and the boundary

- 'I hear that you are angry. Try: I need a break.'
- 'I will not argue while we are yelling. We can talk when voices are safe.'
- 'You may say no or I am mad. You may not call people names.'
- 'That threat is serious. I am creating space and getting help.'

Avoid in the crisis

Long lectures • repeated 'why?' questions • sarcasm • yelling back • forced eye contact • public shaming • demanding an instant apology • giving the desired outcome only because aggression occurred

STEP 4 • TEACH DURING CALM

Build one repeatable pause routine.

Choose one cue and use it across home, school, and community. Practice when the child is calm enough to succeed.

1	**STOP**	Freeze the body. Hands and feet stay still.
2	**LOOK**	Notice the adult cue, visual card, body signal, or safety problem.
3	**THINK**	What am I feeling? What do I need? What could happen next?
4	**CHOOSE**	Use the practiced safer action: break, help, space, wait, words, or move away.

Practice with low-stakes moments

BEFORE	PRACTICE
Opening a door	Stop - look for the adult - ask or wait
Taking a snack	Stop - check the plan - ask for what is available
Grabbing a toy	Stop - say 'turn please' - wait with a visible timer
Answering when angry	Stop - choose: 'break,' 'help,' or 'I am mad'
Crossing or parking lots	Stop - find the safe adult - follow the practiced safety step

Do not repeatedly test the child with situations that are too hard. Keep practice brief, predictable, and successful enough to build confidence.

STEP 5 • HEARING NO AND HANDLING DISAPPOINTMENT

Teach what to do when the answer is not yes.

For some children, 'no' feels like a sudden loss of the expected plan. Make the answer clear, show what is available, and practice disappointment before high-stakes situations.

Use a predictable three-part response

1. CLEAR ANSWER	2. VALIDATE	3. NEXT STEP
'No ice cream before dinner.'	'You are disappointed.'	'You may choose fruit now or ice cream after dinner.'

Replacement phrases to rehearse

Accept 'Okay.' or a practiced gesture that means 'I heard you.'	**Clarify** 'Not now or not today?'
Plan 'Can we put it on the plan for later?'	**Name the feeling** 'I am disappointed.' or 'I am really mad.'
Request support 'Help me calm down.' or 'I need a break.'	**Choose an alternative** 'What can I have or do instead?'

Role-play for 3 minutes

- Start with an easy pretend request. Give a calm 'not right now.'
- Prompt one replacement phrase before frustration grows.
- Praise the exact skill: 'You were disappointed and asked for a plan.'
- End while the child is still successful. Increase difficulty gradually.

> Do not offer a false choice. If the boundary is firm, say it clearly. A choice should identify what the child can control next.

STEP 6 • REPLACEMENT SKILLS

Never only stop a behavior. Teach what replaces it.

A replacement skill must be easier, faster, and reliable enough to meet the same need. Words are not required; visuals, gestures, and AAC responses count.

INSTEAD OF	TEACH	PRACTICE
Hitting or pushing	'Space,' 'stop,' or step back	Use a floor mark and rehearse moving back
Kicking or throwing	Safe movement or safe throw location	Push a wall, carry, or throw soft items at a target
Swearing or insults	'I am mad,' 'I do not like that,' or 'break'	Say the feeling phrase, then move to the break plan
Yelling	Break card, help signal, or one safe sentence	Rehearse the cue before a mildly frustrating task
Grabbing	'Turn please,' 'can I have it?' or wait	Use a visible timer and short successful waits
Running away	'Leave,' 'too much,' or move to a safe person	Practice stop, return, and safe-person routines

Five-minute daily practice

- 1 minute: notice a body signal - tight hands, fast voice, hot face, or urge to move.
- 1 minute: practice STOP - LOOK - THINK - CHOOSE.
- 2 minutes: rehearse one real-life situation and one replacement skill.
- 1 minute: celebrate the effort and name the success.

Games that strengthen stopping and waiting

Red Light, Green Light • Simon Says • Freeze Dance • Follow the Leader • turn-taking games • stop-and-go obstacle courses

STEP 7 • AFTER THE OUTBURST

Recover. Repair. Rehearse.

Do not teach while the nervous system is still in alarm. Wait until the child can listen, communicate, and use familiar skills again.

1. Recover Water, food, rest, sensory support, quiet, movement, or connection - based on the child's needs.	**2. Review** Briefly identify what happened before the reaction. Avoid a long interrogation.
3. Repair Check injuries, replace or clean up what was damaged, and make a simple, meaningful repair.	**4. Rehearse** Practice the exact safer response once or twice while everyone is calm.

A short parent script

> **'You were very frustrated when the answer was no. Hitting was not safe. Next time, show me break or say I am mad. Let's practice it once together.'**

Praise the pause

Do not wait for perfect behavior. Notice every early sign of control:

- 'You stopped before grabbing.'
- 'You used words even though you were angry.'
- 'You asked for space.'
- 'You heard no and chose another plan.'
- 'You repaired what happened.'

Use consequences carefully

A consequence should be related, predictable, and possible for the child to understand. Safety, repair, and learning come first. Do not remove regulation supports, communication systems, food, sleep, connection, or disability accommodations as punishment.

FAMILY PRACTICE PLAN

Choose one skill for the next seven days.

Print this page, complete it with the child when possible, and share the same plan with other caregivers.

The behavior we are replacing	
What usually happens first	
Early body signs at 10-30	
The need or message	
The replacement skill	
The adult's short cue	
How we will practice	
How we will praise progress	

Supportive Minds™ Formula: Connect -> Create Safety -> Observe -> Reduce Demands -> Co-Regulate -> Recover -> Reflect -> Practice

SAFETY AND SUPPORT

Know when the family needs more help.

Seek individualized professional support when the behavior is frequent, escalating, causing injuries, disrupting school or family life, or not improving with a consistent plan.

Get urgent help when there is immediate danger

- Serious injury, strangulation, weapon access, fire-setting, running into traffic, or a credible threat to kill or seriously harm someone.
- Repeated head injury, loss of consciousness, breathing difficulty, or a sudden extreme behavior change with possible illness or pain.
- You cannot maintain safety with the people and supports currently available.

> In an emergency, contact local emergency services. In the United States, call or text 988 for crisis support when there is a mental-health or suicide-related crisis. Tell responders about communication, sensory, medical, and disability needs.

Helpful professional questions

- Could pain, sleep, GI issues, medication effects, anxiety, ADHD, trauma, or another condition be contributing?
- Would a functional behavior assessment identify what happens before and after the behavior?
- What communication, sensory, school, or environmental supports should be added?
- What should the written safety plan say, and who needs a copy?

SOURCES AND CONTACT

Use this guide as a starting point.

Adapt the plan to the child's age, communication, development, disability, health, culture, and safety needs. Share the completed family practice plan with the people who support the child.

Sources and further reading

American Academy of Pediatrics. Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. Pediatrics. 2020;145(1):e20193447. https://publications.aap.org/pediatrics/article/145/1/e20193447/36917/

Centers for Disease Control and Prevention. Essentials for Parenting Toddlers and Preschoolers: Routines, Rules, Directions, and Positive Attention. https://www.cdc.gov/parenting-toddlers/

National Institute for Health and Care Excellence. Autism: assessing possible triggers for behaviour that challenges. https://www.nice.org.uk/guidance/qs51/chapter/quality-statement-7-assessing-possible-triggers-for-behaviour-that-challenges

This guide is educational and does not replace medical, behavioral, mental-health, school, or emergency assessment. Strategies should be adapted to the child's age, communication, development, disability, health, culture, and safety needs.

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