

Ep #449: The Dysregulated Kid: Creating More Regulated Schools with Dr. Roseann Capanna-Hodge



Full Episode Transcript

With Your Host

Angela Kelly

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Angela Kelly: Hello, empowered principals. Welcome to episode 449.

Welcome to *The Empowered Principal® Podcast*, a not-so-typical educational resource that will teach you how to gain control of your career and get emotionally fit to lead your school and your life with joy by refining your most powerful tool, your mind. Here's your host, certified life coach Angela Kelly.

Hello empowered principals. Welcome to today's episode. I have a very good friend and colleague of mine here on the podcast. Her name is, I call her Dr. Roseann, Roseann Capanna-Hodge. She is an expert in regulation, nervous regulation. We're going to talk about it. She has just dropped a new book called *The Dysregulated Kid*, which I know all of you are interested in hearing about.

We're here as leaders. We're here as teachers, we're here as students, and so I'm going to let Roseann tell you a little bit about herself, her background, and her new book because it is fantastic. It's something we need to be talking about on the regular here in education for ourselves and for our students. So Roseann, welcome to the podcast.

Dr. Roseann Capanna-Hodge: Well, thank you for that beautiful introduction. I'm grateful to have the privilege of knowing you, and this is my second time on. So...

Angela Kelly: It is. That's right.

Dr. Roseann Capanna-Hodge: I'm glad. And as a certified school psychologist, I know what it's like to be boots on the ground in a school, and it is a different time, and we are constantly evolving, and people at every level in a school, right from the custodian to the superintendent have a lot on their shoulders, you know? And my book is called *The Dysregulated Kid* because for 30 years, I've been watching this dysregulation crisis happen.

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But for 30 years, I have been helping the most dysregulated kids and families regulate their nervous systems, which means they can pay attention better, they can process better, they're happier, they have less mental health issues and symptoms. So I really wanted to take the science, as I always do, and make it so ridiculously easy that anybody could regulate themselves, from the teacher who's got a classroom full of kids that are struggling to the mom and dad, to the grandma, to anybody.

This is really a book about what are simple ways that every day I can do little things to bring my nervous system back into balance and really, why is it so important? You know, because we are moving to this place of constant clinical diagnosis and people having strife and being unhappy and struggling with focus and all these things that happen when the nervous system dysregulates. And yet we're making regulation feel like it's unattainable and so hard. And I'm here to tell you, absolutely not, that if the things that I did with the most dysregulated kids with serious clinical issues, if they worked when people did it, it can work for anybody.

Angela Kelly: Yes. I love this approach because I know that for the last 30 years you have been working in a clinical setting with students get referred for behavioral or academic concerns. They go through 504 and people are looking for them to get diagnosed for an IEP to qualify for an individualized education plan.

And one of my philosophies in these meetings was, can we not just do the strategies that we're waiting for the strategy until they get the diagnosis versus just like, let's try the strategy first and see if we can just circumvent this whole process of getting them labeled. Let's just do it now in the classrooms and see what happens versus having them go through this process of getting labeled and getting qualified and then giving them these strategies. It sounds like that's what I hear you saying as well.

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Dr. Roseann Capanna-Hodge: Well, that's amazing. And where were you in all my school meetings? Actually, I did have some amazing school meetings. It's just sometimes when you're in these rooms and you're in hearings and things like that, it didn't always go well. But why wouldn't we want to do more for everybody?

You know, when I used to go into a school, whether it was a private school or a public school, I would be going in for one kid, and I would go to the teacher and say, let's do this for the whole classroom. Like everybody will benefit and you will feel the benefit. And so then I would have teachers who would get so excited, administrators like, of course. And every time it made things better. And we shouldn't wait. And guess what? We now, right, what is it? By 2031, one in 27 births of male and female will be an autistic child.

And it is, I believe it's one in 27 males already. So we now have just about in every classroom in America, we're moving to having an autistic student. That's just one form of neurodivergence, right? That's a nervous system that's more sensitive to their environment, going to require these things. Why wouldn't we do this for everybody? Because we often think nervous system dysregulation, which is really difficulty shifting your nervous system between stress and calm. We're supposed to be able to moderate stress. Every day we have stressors. You and I were talking about some of the personal stressors we were catching up.

And even talking about it gets you a little, gets your nervous system a little activated. But that's normal. In a healthy nervous system, it goes from calm, parasympathetic, then a stressor happens and it moves into a sympathetic dominant. But a normal system will say, perceive threat, danger is over, come back down. What's happening is I talk about the nervous system as a stress cup, Angela, and what happens when a cup is, you put too much in a cup.

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So the nervous system is the same thing. It does not have unlimited capacity, and in our modern life, we just keep adding stressors, right? I'm going to short change sleep. I'm going to stretch myself and take two AP classes and the rest all honors classes. I'm going to, I don't know, I had a fight with my boyfriend, my mom and I yelled, whatever. All these things sort of happen. And then we have all these people walking around going, you know, I can't pay attention. I have anxious thoughts. I'm so snappy at everybody.

And we then think, well, is it anxiety? Is it this? Maybe it is. I don't know that. But our go-to should be like, we've got to regulate. And these are all strategies that are accessible regardless if you have a trauma background or a clinical diagnosis or your age. These are all free, accessible things because what was important to me having done clinic work, not everybody could get to me. Not everybody could afford me. And hello, I'm one person. I was one person. And you know, I no longer do clinical work. I'm just on this mission to really provide the antidote to this crisis. And hello, it's really simple. It's not so hard. We got to stop overthinking and start doing.

Angela Kelly: Mhm. Mhm. Say more about that because I think the listeners out here, they're really curious. They probably heard about nervous system regulation, dysregulation. That language is becoming more mainstream as well as like vagus nerve. Like I've heard a lot of conversation in social media presence with the vagus nerve. So tell us a little bit more about that.

Dr. Roseann Capanna-Hodge: Sure. I mean, I mentioned our stress response system, which is our ANS, which is our autonomic nervous system, and its job is to mitigate and handle stress as you do things. So my son called me earlier and I don't like to talk to him when he's in the car, but all of a sudden I hear him go, holy cow. And I'm like, is everything all right? And he said somebody came into his lane. So he got, he got himself excited, and then I was like, okay, take a, I could hear him breathing. I was like, oh, I'm so glad you breathed through that.

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And then I just said, that happened to me twice yesterday, Max. That's why we can't be on the phone. He's like, I know. I said, I love you, goodbye, you know, and he brought himself down because he works, he has to work real hard, my Max. My Max is the dysregulated kid. He's my opening story. There's lots of other kids in there and success stories of people who did these things.

But when we talk about that autonomic response, we talk and the vagus nerve. So our vagus nerve is what connects our gut to our brain. And so we have to start thinking about our body as a whole body system. And when we think about mental health, we really only think about the brain. We only think about neurotransmitters. And that's because our diagnostic and statistical manual, what we use to diagnose people, unfortunately very much aligns with a pharmacological intervention. It doesn't align with, let's back it up. Let's start looking at behavior as signs of the nervous system being under or overstimulated. That's a huge reframe.

So instead of saying, why is this kid doing this, you say, what is the nervous system showing that this kid needs, right? Or even this classroom. When I think about, I have this great story in my book, and I have a whole bonus chapter just for schools in this book because again, I've been there. But I remember going to this class, and it was the first time I had been in a school where there was a kindergarten. So I was there on the first day, Ang.

Angela Kelly: It's the best. And you know I taught kindergarten for 15 years.

Dr. Roseann Capanna-Hodge: You know exactly. So it was an inner-city school, so there were kids that had never set foot in a school. And there was, the school district had at the time 47 languages. So there was all kinds of things going on. And there was a teacher who was like grounding mother earth. And I walk in the classroom, there was like an aide guarding the door. There's a kid that's like trying to get out, you know, it was like

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full-on chaos, but not really because the teacher was like, I'm going to be the calm. And she just became the calm.

And I remember being like, this is a masterclass in how much your regulation impacts everybody else. So when we're talking about the nervous system and all of these things, vagus nerve, vagus stimulator, gut brain connection, these are all really important things. And our brain does connect to our gut, and stress impacts every single system in the body, your immune system, your hormone system, your gut, your neurotransmitters.

So we're often trying to go to these other things to do an intervention. And I'm not saying they're not important. What I'm saying is if we don't regulate first, nothing sticks. And so it's part of this crisis that we're seeing in that interventions are not working. How many times is a school psychologist that I say, you know, hey, listen, I really think you should go to therapy. Here's why. And the parent would be like, we already did that. It didn't work.

To finish that idea, right, we have these different systems and nothing is going to stick treatment wise. Like I said, somebody says, you know, I want to do therapy and they say it doesn't work or I try this. It's because the nervous system is too activated to accept that treatment. And the way biology works is your frontal lobes go offline as soon as you activate in a sympathetic dominant state. So what does that look like in a class? A bunch of ADD kids.

And if you've ever watched a kid who experienced trauma or a kid who's anxious or somebody who's got OCD, they don't look so different from kids with biological ADHD behaviorally. Their brains look very different because I did, you know, over 10,000 QEEG brain maps, which are basically brain scans. So we have to move beyond what we thought, and we have to start bringing these very practical things into the classroom, into homes because we think about these big interventions and parents are choking. They can't

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do these things. So we need to make things much more simple. And that is what I did, not just in this book, but in all of my work.

Angela Kelly: That's incredible. It's interesting because in school, like I work with the school leadership side and they're noticing the same thing in the adults in the room. Like, so the adults on campus, working with families, community members, in addition to children, and people feel like they are at a loss. They're not sure what to do because you can only get so many kids through the IEP system, right? Where you're qualifying them for special education.

Only so many kids, one will qualify. Two, you can only pump through so many administrations and so many administering of these exams and these tests to determine qualification, which is why I said like, why, why not just start what we think is best practice for these students and go there and see if we can help from the onset. And then the kids who aren't regulating at that point, we can, we can provide additional supports.

So in the work that you're doing now, and you're seeing this, you know, you actually mentioned it as a crisis, which I believe educators would agree that this, we're at a crisis level and teachers are feeling ill-equipped, school leaders are feeling ill-equipped. What are some, you said making it easy. They're probably clapping right now as they're listening to this. What are some things that you can recommend that they start doing that is very tangible, very hands-on, and something that's very simple to start incorporating into the campus, the classroom, students and staff?

Dr. Roseann Capanna-Hodge: Well, I think when it comes to schools, being that I definitely have worked in multiple schools, I feel that what happens is we have trends in school system, right? Whether it's reading or math or social emotional learning, but what does really help and makes things a lot easier because schools, right, have a lot of pressure on them. They're asked to do everything that isn't being done at home. And let's be honest,

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again, parents are struggling. We know this, right? And so educators are in a unique position because they have a lot more training around how kids, how they can shape kids' behavior by what they do and say.

And so we're trying to transfer that knowledge to parents who, who may or may not be receptive to it. I feel like a lot of parents really are receptive to it. But one of the things that really works is shared language, right? So when schools start using things, the best way to amplify this is sharing the language. What systems could come into place? So I created shared language. So one of the things that I talk about is something called CALMS, C-A-L-M-S. It's just a simple acronym. There's nothing in there that costs any money. And the C is about co-regulating.

So the first step in everything is to get the adult to regulate, as we talked about. So that's the teacher, that's the principal, that's the parent. So the question becomes, how do we do that? You know, the other, the other parts, A is avoiding personalizing, L is looking for root causes, M is modeling the skills you want, and S is to support and reinforce because we as educators know, kids need a lot of reinforcement. I don't think any parents do that, right? They don't understand that. Who knew? You had to reinforce so much. You think you just say it one time. And we remember our own things, we think we only were told one time. It's not true.

Angela Kelly: Right. Because our parents were like, don't make me have to tell you twice.

Dr. Roseann Capanna-Hodge: Yeah, I know. How about, don't make me tell you it again. So when we back up, the most important part is getting everybody to regulate. And so how can we do that? How can we have conversations? Like I try to think of every single thing, Angela, in this book, like there's a book club guide here. There's all kinds of ways for people to bring this in. I mean, certainly they can bring me in. But like we're talking about global impact here. Like where can we get things going?

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But the language and demonstrating how to regulate within a classroom, just like when we have a kid with sensory issues, we start bringing sensory techniques in the classroom. Guess what? Everybody benefits. What can we do in the classroom? Can it be breath? Can it just be breath work that becomes part of the curriculum? We know breath work, hello, it's free, and it's the quickest way to pull your body into an autonomic nervous system.

And I know some of the adults who are here listening might say, oh, I hate breath work or it doesn't work. Well, I'm going to tell you that if you hate breath work, pretty much guarantee that you are somebody who's dysregulated and your stress cup is full. And I want people to reframe dysregulation because we often think that what stresses our nervous system always has to be something bad. Your nervous system knows no difference between good and bad stress.

Angela Kelly: That's interesting.

Dr. Roseann Capanna-Hodge: Yep. So we always are coming through our thinking brain. That's not what happens in the autonomic nervous system. It decides what is perceived as stress, right? So certainly if something bad happens like, you know, you did get hit by a car or God forbid...

Angela Kelly: Like a trauma. Yeah.

Dr. Roseann Capanna-Hodge: Trauma, you know, then yes, it's going to feel awful. But when it comes to filling up your stress cup, those things just fill up. So I got to the bus, but I had to run there. Okay, that's a stressor. I had to study for a test. I got an A, that's a stressor. I studied for a test and I got a D, that's a stressor. It just keeps going, going. What I think we're doing in our modern society, we are not doing the things to regulate ourselves. We certainly don't have downtime, and I don't want to blame technology, but technology is part of this problem. There's no powering down, and the nervous system needs you to power down in order to regulate. There has to be moments of calm.

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And yes, would be great to take breaks from technology, but there also are other ways, right, including breath work and somatic and different exercises and all these different things. We need to pull the hum of this crisis down. And you know, what every school can do to bring parents in as part of this conversation through the PTA, through partnering with religious institutions, all the ways that they get out information. Schools are the hub of a community. They are the lifeblood, and I know there's a lot on their plate, but if we keep putting interventions that don't start with the nervous system, it's like mopping the floor with a wet mop that we haven't rung.

Like, it's moving things around, but. And so when I would do this work, every year, Angela, in the summertime, I would get a lot of extra kids, you know, kids that were really struggling. And so every September, I would get the calls, and the parents would go, the school called and wanted to know what medication my kid. And I was like, did you tell them what we did? Did you tell them we regulated the nervous system? And they were like, yes. And, you know, I would have all these regulated kids, like bees, you know, going out. And then there would be teachers that would just call me and bring their own kids in, you know, and stuff because they just couldn't believe what they were seeing.

And so that's the power of regulation, but it doesn't happen in isolation. We can't just regulate a child and expect a child to go back home. However, we can make their brain more available for learning and processing at the school day. I'm not a Pollyanna here. You have educators leading schools in every facet of America, inner city components, you know, places where there's food deserts, you know, places where there has been trauma at the schools.

And I've worked, you know, as a former provider, I was one of nine approved providers for Sandy Hook. I worked with 9/11 survivors. I understand trauma. What did I do every single time when I had a trauma victim, regardless of what the trauma was, regardless of the age, is I

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regulated their nervous system. I didn't do anything else until they were regulated enough to do some kind of therapy because we know, again, the brain isn't going to process that.

So that's part of why we're in such a stuck place because this is that missing ingredient in the sauce that makes the beautiful sauce. Like, you go to somebody's house and you're like, where did, what's that sauce? What's that? And you try to give somebody the recipe and they're just not doing it right. This is the part that makes everything else work better.

Angela Kelly: That's beautiful. And I want to reiterate what Rosanne just said, which was kids are not available for therapy, aka, they're also not available for learning if they're dysregulated. That's true with adults, it's true with students. So bringing in regulation techniques, one, it's a win-win, win for teacher, win for students, and that helps learning. So that's one thing I think we want to really drive home here. Children don't have to be labeled or they don't have to be even medically labeled or labeled academically as having some kind of a learning disability or a behavior disability, some kind of a disability in order to then provide these techniques. They are free and available to everyone.

And when you learn them, all students can access them to the level at which they need them. You mentioned something about medication. Now, many, many IEPs have I sat in, and many times teachers would come in and say, we've tried everything, we need to bring up the topic of medication. These kids need to be medicated, right? Not every teacher, but some teachers. What would your response be to somebody who wants to push the medication before they've tried the regulation techniques that you're suggesting in your book?

Dr. Roseann Capanna-Hodge: Yeah, well, first of all, under federal law, we're not allowed to suggest medication. We can only suggest, yes, so we can only suggest that they visit their physician or go to a psychiatrist. And

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even that is controversial because then a parent can come back to you and ask for the district to pay for that. FYI, that's the law.

Angela Kelly: Yes.

Dr. Roseann Capanna-Hodge: Right?

Angela Kelly: Definitely, as a school leader, I know this. Many teachers don't know this, and maybe new school leaders, if you're listening, make sure you're seeking legal counsel before recommending any kind of outside services for a student.

Dr. Roseann Capanna-Hodge: Yeah. And from what I understand, it's okay to say, you know, do you have a pediatrician and say, you know, here are the concerns or give them this rating scale, you can and go and talk to them about it. But pediatricians, oh my God, their plate is full. I mean, they're dealing with everything and they don't even have a basic course in nutrition, pediatricians. Like, I think that's shocking to most people. They're just starting to teach what food does to the body to doctors in modern training.

So what will a pediatrician do is their training is medication. They don't necessarily know. What I found about physicians, and I my some of my best friends are physicians. I mean, I hang out with a lot of physicians. What I found in my personal experience, and I could say this for a lot of things, right? Teachers are seeing everything. So their knowledge is incredible, right? School leaders, they're so incredible. But pediatricians, they want to please the parent. They're not learning about all of these things unless they're seeing a patient come back and getting better or they have their own personal experience.

At any given time, about one third of all my patients were medical people from pharmacists, a lot of pharmacists, different medical doctors. I have a pediatrician right now. As I'm ending my clinical care, just ending out my

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last few clients. That always spoke to me, and they would always come to me and be like, why do I not know this stuff? And I'm like, you know it now. And, you know, here's training. So your training and experience determine what you're going to recommend.

And so when I started, I right out of the gate had complex cases. I never saw anybody who had just simple issues and whatnot, occasionally here and there. So I realized real quick that psychiatric medication and talk therapy was not working for my clients. You know, everything from a very heavy neurodivergent population, but pretty layered mental health issues in there on top of that as well. And so I went to the microfiche in the 90s, right.

Angela Kelly: Yes.

Dr. Roseann Capanna-Hodge: Just in case you're too young, my leaders, it means I went to the belly of the basement and looked on film to find research. And in the first hour, I found, I learned about like vitamin D and food and the impact of these things on your brain. And I was like, holy cow. The great part is I was still in graduate school and I went to my professors and they were like, oh yeah, this stuff's valid. And I was like, why are we not teaching a whole class on this?

Anyway, but I always believed that every child could get better. If I had a family that was willing to do the work, right, not perfectly, but to do enough of the work, I saw that people got better. I saw that we actually created generational change. I mean, it's pretty incredible. But we have to, when a teacher is recommending things, why can't we give knowledge to parents and say, because the great part about nervous system information is there's nothing judgmental. It doesn't factor in your color. It doesn't factor in what your life experiences are. It just says, wait, here are some behaviors that reflect under stimulation. Here are behaviors that reflect over stimulation.

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And guess what? Here are three or four or five really simple ways to regulate. And what I do in all of my work is I'm really trying to get people to commit to it. So I made it like truly stupid simple, Angela, to do this. Like, it does not matter what you're bringing to the table. If you're willing to take micro moments, a few minutes, multiple times throughout the day, you will experience regulation. And then to keep it going, right, I have an action plan, all these other things because what I saw is that I always quote my dad, Tony. My dad, Tony always says, it's easy with the mouth.

Angela Kelly: Right.

Dr. Roseann Capanna-Hodge: So it means we can say things, but do we actually do things? And so in this world of information overload, I mean, just absolute information overload. I love me AI, but AI is not going to cut it. You got to do. So I wanted to make it where there was no excuse. And the way I look at nervous system regulation is we need to treat this now as just like brushing our teeth. We brush our teeth to prevent cavities, abscesses, serious infections. We have to do the same thing about nervous system regulation. And, you know, the great part about nervous system regulation, again, easy, free things that you could be doing multiple times a day.

But the more you do it, the more your nervous system will just start doing it on its own. So the more you regulate, the more your nervous system will want to regulate and do it automatically. And the reverse is, the more you dysregulate, the more your nervous system will automatically go to a dysregulated state. Now, it doesn't matter how dysregulated you are. You can pull that back. You just have to actually believe it and you have to do some work around it. You can't just, you know, as I always say, magic wand it.

Angela Kelly: Yes. In the classroom, there are systems we put into place. We teach kids where to put their backpacks when they come in. For the littles, it was like we teach them their name so they know which cubby is

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theirs, and we teach them how to get a pencil and what to do if they break a pencil and how to get a new pencil and we have all these little systems in place that make the day flow, the operation flow. We have those kinds of systems.

And when we are doing that, it is to make the day easier for you, for me, for us, right? And this regulation can also be done as like just daily operations in your classroom. This is how it should look and feel on a regular basis. Here's what to do when you're dysregulated. Here's what to do if you're, you know, you and your friend have a conflict. You're teaching the regulation skills just like you would teach any other system in your classroom.

Dr. Roseann Capanna-Hodge: Absolutely. And when you're doing it, right, so there's two parts to, you know, regulation and coping and managing, you know, things. When you're regulating in moments of calm, it deepens the calm. It's easier. It takes that stress out, and you're creating capacity. And you need capacity for the second part of this when bad things happen, when you have a conflict with a friend, when you're being excluded. You need to have capacity to think through, problem solve, pull out skills.

A lot of times, you know, you'll hear, you know, the kids that get identified, kids that get a 504, kids that get pulled for intervention. You'll always hear the school social worker, teacher, the person doing the intervention say, well, they know it in the room, right? And they don't know it out there. And it's because we're teaching skills, but we're not teaching anybody how to regulate. So they go back into the classroom, they dysregulate, the frontal lobes go offline, and they lose the skill. You have to have that ability.

And I think all of us could think about a time where you're maxed out and then you're like, oh, I just can't do one more thing. But we are adults. Most of us say, hey, like, can we table this till tomorrow? When somebody says that, it's because they're done. But kids are learning and they need us to be

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the leaders in regulation. So if that teacher is leading the classroom, that administrator coming in and is saying, you know, like, hey, who did a love pause today?

That's my way of, I have this thing called the three-second love pause. And all it is give yourself three seconds. You pause, you breathe, or you do some type of regulation activity and three, then you respond. If we all took three seconds before we responded, when we're irritated or a cup is full, we would have a lot less conflict in the world.

Angela Kelly: Yeah. I agree.

Dr. Roseann Capanna-Hodge: You know, right? But if we create this environment where this is put in, we all get a reciprocal benefit. The loudest nervous system, right, the nervous system that's the most regulated, the most nervous system that's the actually the one that's the most dysregulated, they start pulling the room. But when you become that calm, this calm starts regulating the dysregulated kid without saying a word.

And that's where I think we need this. I really praise the boots on the ground in the classroom because they have a tremendous amount on their plate. And I don't want to ever hear that we're getting better at diagnosing. That is bologna and cheese. We have a lot more kids with a lot more issues, end of story. And it has nothing to do with diagnostics.

Angela Kelly: Mhm, that's so fascinating.

Dr. Roseann Capanna-Hodge: Yeah, and I can tell you that. I mean, I've been there for 30 years. And you're also seeing a lot more complexity in the issues. Since the pandemic, you know, yes, I always had complex issues, but now, since the pandemic, it's just layer upon layer. And people really, I don't know if some kids and some families never fully recovered from that pandemic time. And we've certainly gone further into device usage, which

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again is not the devil, but it needs moderation, it needs boundaries in advance, and nobody's talking, I mean, I have a whole chapter on that.

But we need to be better at helping us all manage it, including myself. I mean, I'm do things all the time to keep my device away from me because it just is too convenient. It fits in your hand and it's just too accessible. So we have to start from within. We have to implement things that anybody can do. And that's what things like breath work and somatics, they're simple, small things that are absolutely part of the daily schedule. And I know teachers, I've been there, they'll say, well, I already have a lot of things in my schedule.

Well, what this is designed to do is to free up all the reminders you're doing, constantly bringing a kid back on task, constantly managing behavior, because again, a dysregulated kid, he can look like a kid with ADHD, he can look like a kid who's violent. It's his nervous system's response to stressors that might seem invisible to you.

Angela Kelly: It can also be your A plus student who's super quiet in the back of the room but is so internally stressed and worried about like not getting the A, and they don't speak up. They could totally be in fight or flight, but you don't register it because it's not a very explosive expression of dysregulation.

Dr. Roseann Capanna-Hodge: Yeah. I mean, those are our internalizers, right? Those are those kids that are understimulated. And those kids I see more and more because we use grades as a benchmark for mental health. And I'm not saying educators do, but I'm saying that as a society, we do say, okay, well, they're an A student, how could they be suicidal? Or they're an A student, how could they have severe OCD? These are real conversations that I've had with...

Angela Kelly: I believe you, 100%.

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Dr. Roseann Capanna-Hodge: And we wait for the crash and burn, and those perfectionistic kids, I really don't believe, and trust me, I practice this. I really don't believe every kid should be in all honors classes. It's just not necessary. I'm sorry. It's not. Not everybody's going to Yale and Harvard people. And I get it if that's your ticket out because financially a kid needs to get a scholarship. Okay, I understand. I'm not naive. But we have all kinds of kids just, oh, burning the candles at both ends. There is a physiological limit. Now, on the other hand, as somebody who constantly is doing things all day to regulate themselves, I have a capacity to actually do a lot more than another an average person.

So not only do I handle stress well, I can handle problems right in the moment better than 90% of people I know, even my people I love. Regulating first isn't just a concept, it's really something that we can take action on and bring to the table. It's not getting rid of SEL curriculum. Heck no. What I'm saying is that's going to get absorbed. You're going to actually get better outcomes. We get better grades. Every school has to have certain standards. And so it starts bringing equity and accessibility regardless of what kind of district you have, regardless of what your students have at home, it helps makes the curriculum much more accessible, all curriculum, not just academic.

Angela Kelly: Beautiful. I love this conversation. I just want to close out by reminding everybody that when you regulate your nervous system, you actually create more bandwidth. So for us busy school leaders whose plates are full and overflowing, when you learn to self-regulate, you actually expand your capacity to do more because you're able to regulate and keep going. Same will be true for teachers and same will be true for students.

So this work, this self-regulation, learning these skills, having teachers teach this in their classrooms, and then teaching students how to do it, that is going to expand your entire, you know, school's capacity to, I want to say

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more productive, but not in a way that's from stress and pressure and force, it's from a capacity building standpoint. Would you say?

Dr. Roseann Capanna-Hodge: Yeah, oh, absolutely. You're just going to have more capacity for so many things in your life, having patience for others, grace for yourself, because I think we're all so overloaded. Teachers are predominantly women. Women have a lot on their shoulders. I'm not saying dads don't either. My husband's amazing. But we are now just so maxed out.

And I think we think that, what I want to say is little micro moments are like putting money in your 401k, and it starts building and building and building, and we have to do this. You can't just wait for the running on the weekend or a massage every two weeks. That's not cutting it. You need to start bringing this into your daily life multiple times a day, and it's easy, easy, easy, easy. This is not going to be something that's riding on your shoulders. You're going to start doing it automatically because it just creates capacity on a personal and professional level. Educators will be better human beings.

Angela Kelly: Wonderful. What a great way to kick off this new school year. Rosanne, thank you for your time. Thank you for being on this podcast. I'm so happy to see you. I'm so glad to hear you're doing well and the book is now launching and I want to get this into the hands of all school leaders. I think it's so important. I teach it at the school leadership level. You're teaching it at the parental and, you know, teacher level, student level, and just thank you for being so willing to share your expertise, your wisdom, and knowledge with us today.

Dr. Roseann Capanna-Hodge: Well, thank you for this conversation.

Angela Kelly: It's been so fun. Let's do it again.

Dr. Roseann Capanna-Hodge: Absolutely.

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Angela Kelly: All right, take care. That's it, folks. We've got to wrap up. She's got another appointment and I've got to run. So have a beautiful week. Please let us know how this impacted you, how it inspired you, and how it's setting you up for success in your upcoming school year. Have a wonderful week. Talk to you soon. Take care. Bye.

Thanks for listening to this episode of *The Empowered Principal® Podcast*. If you enjoyed this episode and want to learn more, please visit AngelaKellyCoaching.com where you can sign up for weekly updates and learn more about the tools that will help you become an emotionally fit school leader.