Managing and Preventing Meltdowns

Presented by Courtney Johnson
Introduction

- Undergraduate student at East Tennessee State University
  - Sociology major, Special Education minor
  - Founder and current President of Neurodiversity Club
  - Involved in disability advocacy on campus

- Teen and Adult Social Scene Coordinator for the Autism Society of East TN
  - Facilitate programs for the Johnson City community center

- Autistic adult, caregiver for child with ASD, and engaged to another autistic adult.
What are Meltdowns?
Meltdowns are like:

- A system error or a Windows’ Blue Screen of death
- But remember: autistic people are human beings, not computers.
How to Tell the Difference Between Tantrums and Meltdowns?

- Tantrum or meltdown:
  - Is it goal driven? Or a response?
  - Does it occur regardless of an audience?
  - Can you “reason” with them to stop the behavior?

- Meltdowns are not goal driven, and do occur with or without an audience. When an individual is struggling with a meltdown, they may have difficulty processing any extra input given to them. A meltdown is not the same as a tantrum.
Meltdowns sometimes look different for each child.

http://theoraah.tumblr.com/post/142300214156/understanding-the-spectrum
What Causes Meltdowns?

- There are a variety of causes:
  - Emotional build-up
  - Sensory Overload
  - Not Enough Processing Time
  - Fatigue or illness
  - Cortisol overload
  - Trauma
  - Change in routine
  - Surprises

- There is also something called shutdowns, where the autistic person simply “shuts down” and is no longer able to cope. These are related to meltdowns, but are slightly different. Shutdowns are sometimes “quieter” and less noticeable.
When an Autistic Person Has a Meltdown…

- Consider medical causes first
  - If it isn’t sensory or emotions, it may easily be physical illness.

- **Remain Calm**
  - Your goal is to de-escalate, not make the situation worse.

- Remember: it will pass.
  - Make sure to take some time for self-care later.
  - Your mental health is important, just as the individual’s is. Take some time to decompress and relax later – and make sure that the autistic person does too! Meltdowns aren’t fun for anyone, especially the person having them.
The H.U.R.T.S. Method

If you suspect the meltdown is due to illness, keep in mind the following:

- **Head**
  - Migraines, ear infections, vision/hearing changes, sore throat, etc.

- **Urinary Tract Infections**
  - Also includes kidney stones, gallstones, or gastrointestinal issues.

- **Reflux**
  - Heartburn is common.

- **Thyroid or Traumas**
  - Thyroid issues may be occurring. Physical traumas such as a broken arm or sprained ankle could also be the culprit. Psychological trauma is also valid.

- **Seizures**
  - Some individuals with ASD will have co-occurring conditions such as Epilepsy.
Decoding Behaviors

- Behavior is not necessarily just communication. It also involves physical reactions and concerns.
The S.C.A.R.E.D. Method

- **SAFE:**
  - Focus first on getting people out of the way or getting the person out of the room.

- **CALM:**
  - Breathe; this will pass. Use simple instructions and short sentences. The individual may struggle to process information during this time.

- **AFFIRMATIONS:**
  - Positive and calming words should be used. You have to de-escalate, not agitate.

- **ROUTINE:**
  - If you know of any calming routines or activities that the person deems safe – help guide them to it.

- **EMPATHY:**
  - Remember to be kind and empathic. Work from a trauma-informed perspective.

- **DEVELOP:**
  - Make an intervention plan BEFORE the meltdowns happen.
The best way to handle meltdowns is to **prevent** them.

- Find positive coping skills.
  - Stimming, a favorite fidget, mindfulness, coloring, etc.
  - Stress relief is a **significant** factor in preventing meltdowns.
- Formulate a plan ahead of time.
- Make sure the individual knows what to expect when going somewhere.
- Check on the person periodically to make sure they are feeling okay.
- Always presume competence.
The Importance of Emotional Regulation

- Many autistic people have difficulty with emotional regulation.
- These difficulties include:
  - Identifying and describing emotions.
  - Understanding emotions.
  - Separating and showing emotions.
- Autistic people are at a higher risk for mental illnesses – especially anxiety or depression.
- Many do not lack empathy; some people with ASD are hyper-empathic.
  - Still, no matter empathy levels, each person is individual and valid. People with low empathy still have emotions, despite the stigma.
Emotions Chart

Can be used to determine and narrow down an emotion.
The Five Point Scale

- Often used for emotion identification and regulation.
- Provides a visual and tangible support that promotes understanding.
- Helps individuals better communicate emotions to others.
<table>
<thead>
<tr>
<th>What does it feel like?</th>
<th>What does it look like?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out of Control</strong></td>
<td>* Screaming</td>
</tr>
<tr>
<td></td>
<td>* Yelling</td>
</tr>
<tr>
<td></td>
<td>* Crying</td>
</tr>
<tr>
<td></td>
<td>* Throwing Things</td>
</tr>
<tr>
<td></td>
<td>* Kicking Things</td>
</tr>
<tr>
<td></td>
<td>* Breaking Things</td>
</tr>
<tr>
<td></td>
<td>* Hitting Things</td>
</tr>
<tr>
<td>5</td>
<td>Getting angry like a Zombie</td>
</tr>
<tr>
<td></td>
<td>* Heart feels like it's overheating</td>
</tr>
<tr>
<td></td>
<td>* Start to say mean or hurtful things</td>
</tr>
<tr>
<td></td>
<td>* Call people names</td>
</tr>
<tr>
<td></td>
<td>* Takes things away from people</td>
</tr>
<tr>
<td></td>
<td>* Kicking Furniture</td>
</tr>
<tr>
<td></td>
<td>* Little Kid Brain tells you to do things that will get you in trouble</td>
</tr>
</tbody>
</table>

| **Starting to Lose It**       |                       |
|                               | Anxious/Worried/Excited |
|                               | Feels like an Enderman and you want to get away or jump right out of your skin |
| 4                            | * Anxious/Worried       |
|                               | * Don't want to talk about it |
|                               | * A little scared       |
|                               | * Tummy starts to hurt  |
|                               | * Upset about something |
|                               | * Repeating Words       |
|                               | Over Excited            |
|                               | * Jumping up and Down   |
|                               | * Flapping hands        |
|                               | * Pulling on Things or People |
|                               | * Repeating Words       |
|                               | * Can't stay in seat    |

| **I Think I Can Handle It**   |                       |
|                               | Feels like Steve who has to work hard to survive |
| 2                            | Might be hard for me but |
|                               | * I will try to do it    |
|                               | * I will Cooperate       |
|                               | * I will listen          |
|                               | * When I'm done it will make me feel good about myself for working so hard |

| **Just Right**                |                       |
|                               | Like Natch             |
| 1                            | * Happy                |
|                               | * Calm                 |
|                               | * Peaceful             |
|                               | * Nothing bothers you  |
|                               | * Interested in something |
Color Code Badges and Wristbands

- Common at autistic-run conventions and conferences.
  - Often used to communicate social capacity or energy levels.
  - Especially handy for those who are nonverbal or occasionally lose the ability to speak aloud.
- Color systems can also help with emotional regulation.
  - Green: Calm and relaxed
  - Yellow: Anxious and on alert
  - Red: In distress!
Sources

- Autistic Self Advocacy Network
  - Autism and Safety Toolkit
  - Color Communication Badges

- Clarissa Kripke, MD, FAAFP
  - Clinical Professor UCSF Family and Community Medicine
  - Director of Developmental Primary Care

- ‘Managing Meltdowns’
  - Deborah Lipsky

- Judy Endow, MSW, LCSW
  - [http://www.judyendow.com/blog/blog-list/](http://www.judyendow.com/blog/blog-list/)
Any Questions?