Understanding Autism Spectrum Disorder and Escalating Behaviors

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Interactions and Strategies for ASD and Effective Understanding

Escalating Behaviors
Disorder and De-
Objectives

- Obtain a basic understanding of some signs and cues that an individual might have an autism spectrum disorder
- Develop strategies to use when encountering individuals on the autism spectrum

Autism Spectrum Disorder

- "Autism spectrum disorder (ASD) is a group of developmental disabilities that can cause significant social, communication and behavioral challenges."
  - Center for Disease Control and Prevention; cdc.gov/ncbddd/autism/index.html

Facts of Autism Spectrum Disorders

- 1 in 68 births
- 1 to 1.5 million Americans
- Based on autism prevalence rate of 2 to 6 per 1,000 (Centers for Disease Control and Prevention, 2014)
- (Centers for Disease Control and Prevention, 2004 & 2000 U.S. Census figure of 280 Americans)
Autism Spectrum Disorder (ASD) (with varying levels of severity). Previous terms used have been combined in the DSM-V (2013). Previous terms used were: 

- Autism
- Asperger's Syndrome
- Childhood Disintegrative Disorder
- PDD-NOS: Pervasive Developmental Disorder

Social (Pragmatic) Communication Disorder

- Difficulties in the social uses of verbal and nonverbal communication

An Aspergian view of Asperger's Syndrome

From Today's Man by Lizzie Gottlieb

New diagnostic term is Autism Spectrum Disorder

- Autism Spectrum Disorder
Problems with Reciprocal Social Interactions

- Impairment in the use of multiple non-verbal behaviors to regulate social interaction
- Failure to develop peer relationships appropriate to developmental level
- A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
- Lack of social or emotional reciprocity

Social Reciprocity

- The give-and-take of social interaction

Communication

- Absence or delay of language
- Marked impairment in the ability to initiate or sustain a conversation with others
- Stereotyped and repetitive use of language or idiosyncratic language (echolalia)
- Lack of varied, spontaneous make-believe play or social imitative play
Communication Characteristics

- Literal understanding and use of language
- They don't "read between the lines" or infer information easily
- Typically poor auditory skills
- May not be able to filter out noises in the environment.
- Difficulty generalizing communication skills learned in various settings
- May be able to use communication skills in one location or with certain people. Difficulty using those same skills other places.
- Poor communication repair strategies
- If communication breaks down, unable to communicate effectively, challenging behaviors could arise.

Non-Verbal Communication

- Non-verbal communication studies breakdown the message as follows:
  - Body Language – 55%
    - How you look when communicating
  - Vocal Cues – 38%
    - Pitch, volume, speed, tone of voice
  - Words/Verbal Message – 7%
    - The actual words spoken

Communication Difficulties

- There are many elements required to communicate. A person with ASD may have difficulties with one or many of the following:
  - Identifying a listener
  - Gaining their attention
  - The overall communication exchange
  - Wait for response from listener
  - Attend to relevant information related to topic
  - Repair communication breakdowns in real-time or in response to feedback.
  - May not be able to insert communication break due to lack of understanding or difficulty maintaining eye contact in various settings.
  - Difficulty generalizing communication skills learned
  - Don’t read verbal communication correctly
  - Poor written and oral language skills
  - Literal understanding and use of figurative language
The "Theory of Mind"

- "If I were you" or stepping into someone else's shoes; perspective taking
- Very difficult for someone with ASD
- Becomes even more difficult when stress is high
- Can't size up situations and use that information to modify their own behavior (infer and predict)
- Causes difficulty with empathy and individual with ASD may appear rude, defiant, or callous

Difficulty with Information Processing

- Can be difficult for individuals with ASD
- Slow and deficient processing leads to problems retrieving and using information
- Depends on the person's executive functioning system
- Example would be: organized vs. disorganized closet
- If asked to find something in an organized closet, easier to do than in a disorganized closet
- Information may be stored based on a key phrase: "What is your address?" vs. "Where do you live?"

Demands in the Social World

- When people, or even one person, is added to a situation:
- The level of stimulation increases
- The potential for demands increases
- Change of management skill is required
- Likelihood of challenging behaviors increase

This is all true for everyone, not just those on the spectrum. The challenging behaviors is very often amplified with those on the spectrum.
Asperger's Syndrome and Employment

From Today's Man by Lizzie Gottlieb

Nicky Gottlieb's work experience

ASD in Today's Media

- Today's media is portraying ASD more than it has in the past. Movies like *Temple Grandin* (2010 Claire Danes, HBO) have brought ASD to the forefront of people's minds. Shows on TV like *The Big Bang Theory* are also bringing ASD to mainstream viewers.

- However, the writers of *The Big Bang Theory* specifically say that Dr. Sheldon Cooper is not on the spectrum. They basically say this to maintain his comedic value instead of turning it into a show about Autism. By saying he is not on the spectrum, they can continue to use the traits in a comedic value instead of making a medical statement.

http://autisticjournalist.wordpress.com/tag/sheldon-cooper/
Remember though:

“If you’ve seen one child with autism, you’ve seen one child with autism.”

Brenda Smyth-Miles

Behaviors When Stress Level Rises

- Rocking
- Pacing
- Grunting
- Noisemaking
- Utterances
- Running into walls
- Head banging
- Hiding under mattresses or other large objects

These behaviors may be a form of self-stimulation or a sensory reaction to objects and influences in the environment.

Tips for Handling Interactions

REMEMBER – Your safety is first. If you are injured, you can not help someone else!

- Display calming body language, give the person extra personal space
- Use simple language
- Remember, they will more than likely only comprehend the words you say, not how you say them
- Speak slowly, repeat and rephrase questions
- Use concrete terms and ideas; avoid slang
- Allow extra time for response
- It may take an individual longer to process both what you are saying and how to respond to what you are saying.

Oklahoma Autism Network, 2008

© Debbaudt/Legacy Productions, 2005
**Tips for Handling Interactions**

- Consider using pictures, sign language, alternative means of communication.
- Use low gestures to gain attention; avoid rapid movement and gestures.
- Model the behavior you want the person to display.
- Point at what’s important.
- Use low volume to gain attention; avoid raised voice.
- Consider using pictures, sign language, and alternative means of communication.

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**De-escalation of Behavior**

- Know information about how to communicate with and de-escalate the person's behavior.
- Avoid stopping repetitive behaviors unless there is risk of injury to yourself or others.
- If the individual is holding and appears to be fascinated with an inanimate object, consider allowing the subject to hold the item for the calming effect.
- Be aware of the person's self-protective responses and sensitivities to even usual lights, sounds, touches, odors, and animals.
- If possible, reduce stimulus; loud noises, lights, and other individuals.
- Evaluate for injury; the person may not ask for help.
- Be aware that the person may be having a seizure.
- If the person's behavior escalates, use geographic containment and maintain a safe distance until any dangerous behavior subsides.
- Be aware that the person may be having a stroke.
Tantrums vs. Meltdowns

- What are the differences between a Tantrum and a Meltdown?

  - Tantrums are an actual conscious act. The individual in a tantrum can recognize their actions and usually the consequences associated with them.
  - They will typically not injure themselves on purpose during a tantrum. They are able to stop themselves just short of injury, usually.

  - A meltdown is NOT a conscious act. All consciousness is removed from the individual. All cognition is removed. They may not even know what actions they are taking.

  - Injuries are much more common in a meltdown. Without the ability to recognize what is going on around them and adjust their actions, self-injurious behavior can happen and continue to happen.

Tantrums vs. Meltdowns

- Tantrums are conscious decisions intended to persuade another through aggressive behavior to obtain a desired goal.

  - Think about a child throwing a fit in a store to try and get some candy or some other "reward".
  - Typically the behavior is directed at a specific person or target.
  - Even if said target is moved, the behavior will follow it and continue to attempt to get at it.

- Meltdowns are an unconscious response to the stimulus.

  - The aggressive behavior typically will not react to any target if outside of arms reach.

  - If the individual is in a Meltdown, by standing back out of reach you reduce the danger of being hit, kicked, or injured.

Tantrums vs. Meltdowns

- How do you handle the difference between a Tantrum and a Meltdown.

  - First you need to try and determine which type of action you are dealing with.

  - Look at the responses and actions of the individual.

  - If they are creating a scene, look at their actions.

  - Are they actively seeking attention?

  - Are they able to respond to commands or directions, even slightly?

  - Are they acting in a self injurious behavior but "holding back" the blows?

  - Are they able to make voluntary choices?

  - These are all examples of a Tantrum.

  - You can try to stop a Tantrum. Because they are able to cognitively respond, a Tantrum can and should be stopped.

  - The typical way to handle a Tantrum is by imposing punishment for the actions that are being displayed.
Meltdowns are a different story. A Meltdown is an unconscious reaction to stressors applied to the individual and are always involuntary. They typically have signs that they are about to happen:

- Heightened anxiety
- Increasing frustration

This will continue to escalate if the situation is not addressed. There can also be what is called a Catastrophic Reaction.

- Catastrophic Reactions are immediate explosive responses to a sudden change in plan.

Tantrums vs. Meltdowns

From Anxiety to Meltdown by Deborah Lipsky

Tantrums vs. Meltdowns

Community Resources

- Oklahoma Autism Network
  - (405) 271-7475, 1-800-2AUTISM
  - www.okautism.org
- Autism Speaks
  - www.autismspeaks.org
- Autism Society of America
  - www.autism-society.org
- Autism Risk Management
  - www.autismriskmanagement.com

Tantrums vs. Meltdowns
OPC Statewide Conference

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Credits

 Dennis Debbaudt; www.autismriskmanagement.com
 Autism Speaks™; www.autismspeaks.org
 Zarhejo; www.youtube.com/watch?v=k0xgjUhEG3U
 The Autistic Journalist; http://autisticjournalist.wordpress.com/tag/sheldon-cooper/
 Traci Sutton M.S., CCC-SLP
 Centers for Disease Control
 IAN Community, www.iancommunity.org
 Brenda Smyth-Miles
 Maine Public Broadcasting Network; www.mpbn.net/
 From Anxiety to Meltdown by Deborah Lipsky
 Deborah Lipsky; www.autistic-raccoonlady.com/
 The Big Bang Theory; CBS
 Today's Man by Lizzie Gottlieb
 OU Child Study Center, Project PEAK
 Oklahoma Autism Network, 2008
 Tara Warwick MS, OTR/L
 Deb Decker Parent Advocate - Special Agent FBI