

The word *meltdown* has been erroneously used to describe any outburst of negative behavior in an individual. From road rage to a sudden episode of uncontrollable crying, the term described the visible behaviors and ignored the root cause. Unfortunately this resulted in the same word describing willful as well as unintentional flare-ups of strong emotions. Meltdowns and tantrums lost their identity as separate and different emotional responses to a circumstance, and interventions were designed to be interchangeable for both. It is critical to understand that there is a *huge* difference between a meltdown and a tantrum exhibited by an individual with autism spectrum disorder (ASD). A true meltdown is the result of an involuntary physiological response; a tantrum is a deliberate choice to act a certain way. Using the wrong intervention in either case will only make the matter worse and create more behavioral issues in the long run.

Differentiating Tantrums from Meltdowns

A tantrum differs from a meltdown because it is a voluntary, deliberate choice to act a certain way to manipulate someone else's behavior to achieve a desired result. It is a learned response. There is **no** level of cognitive dysfunctioning, which is the main key in differentiating between a meltdown and tantrum. For meltdowns, our main focus is to problem solve and offer self-soothing strategies; applying those same interventions for tantrums only reinforces the negative behavior as an effective tool of manipulation. This creates the habitual use of such negative behaviors, which if not corrected will quickly become ingrained and difficult to eradicate.

To identify if a behavioral episode is due to a meltdown or tantrum, there are a few things to look for. The number one differentiating factor between a meltdown and tantrum is a lack of cognitive

DIFFERENTIATING TANTRUMS FROM MELTDOWNS

	Tantrum	True Meltdown
Definition	<ul style="list-style-type: none"> voluntary, deliberate choice to act a certain way 	<ul style="list-style-type: none"> involuntary physiological response
Cause	<ul style="list-style-type: none"> learned response to manipulate another's behavior to achieve desired result 	<ul style="list-style-type: none"> instinctual fight-or-flight response caused by cognitive or sensory overload
Characteristics	<ul style="list-style-type: none"> aggressive behavior is targeted specifically at someone outside of his personal space intact cognitive functioning individual bargains to change rules/boundaries 	<ul style="list-style-type: none"> aggressive behavior is only displayed if someone comes within his personal space lack of cognitive functioning lack of bargaining behavior
Intervention	<ul style="list-style-type: none"> Don't bargain with individual. Set firm ground rules with behavior(s) you are trying to stop. Be concrete and literal in explanation of consequences. Ensure that consequence does not reinforce bad behavior. 	<ul style="list-style-type: none"> Reduce level of sensory stimulation, or repair communication breakdown. Problem solve triggers that preceded meltdown. Teach self-soothing strategies. Utilize the S.C.A.R.E.D. technique, developed by Deborah Lipsky and Dr. Will Richards, to de-escalate meltdowns (Lipsky and Richards 2009).

functioning. This can be determined in the verbal individual by asking simple questions you know he can easily answer when not under stress that orient him to time and place. For example, in a school setting ask simple questions such as "What is the name of the book you are reading now?" or "When the bell rings, what is your next class?" If you ask a question about his special interest and find him becoming frustrated over being unable to concentrate long enough to give

a concrete response, or if his response is fragmented or even incoherent, that is a good indicator that the brain is dealing with overwhelming anxiety, building up to a meltdown. With a tantrum the individual may defiantly refuse to answer or mouth off, but either way he understood the question completely and clearly.

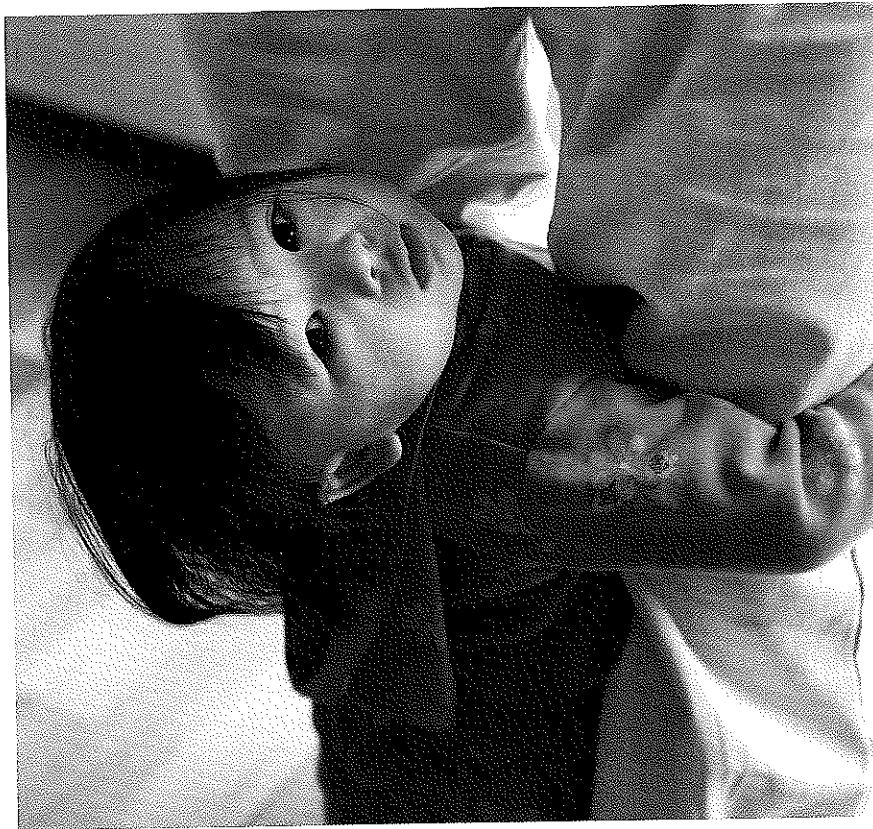
To assess whether a nonverbal individual is experiencing a meltdown or tantrum, substitute asking a simple question with giving a simple command you

know that individual can perform without difficulty. If you ask, "Mary, please hand me the pencil you are holding," and it is a command that Mary can execute without hesitation any other time, but this time she reaches and grasps at something else and seems confused by your command, this behavior is a strong indication of an impending meltdown.

If this test isn't conclusive or isn't applicable to the individual you are working with, try this alternative yet effective differentiating test. If Mary is throwing things that you place in front of her in attempts to calm her down, include her most treasured "stim tool" among the other objects. I have tried this test on numerous

occasions with extreme accuracy. I have watched the screaming child fling toy after toy off her desk until she came to her most treasured item. Then I observed the child skip over that particular item and continue throwing everything else she could reach. By skipping over this object, she displayed intact cognitive functioning because she was able to distinguish and register the value placed on that stim tool. This is behavior consistent with a tantrum. Had Mary carelessly tossed this object without so much as a second thought, it would prove that her cognitive functioning had diminished enough that she was unable to recognize something that ordinarily would have gotten her attention. In this case, she is experiencing a meltdown.

Any aggressive behavior initiated by an individual with ASD that is specifically targeted at someone outside of her personal space is an indication of a tantrum. In a meltdown, aggressive behavior is displayed only if someone comes *within* her personal space. When an individual with ASD is cognitively impaired due to a meltdown, attempting to physically



BOTH COGNITIVE AND SENSORY MELTDOWNS INVOLVE BEING SUBJECTED TO AN OVERLOAD THAT ELICITS AN INSTINCTUAL FIGHT-OR-FLIGHT RESPONSE.

restrain or simply just offering a reassuring touch to the individual may result in her striking out at the intervener in an instinctual self-preservation mode—part of the fight-or-flight response. If Mary is flailing her arms and you go up to her and physically try to stop that motion, she will strike out at you totally unaware of whom she is striking. However, let's say that Mary is told she has to share her crayons with her classmates sitting at the same table. She begins to scream and kick her feet, so you tell her that she must calm down. At that point Mary looks over at the child sitting next to her and slaps the child on the side of the head. That was a premeditated tantrum.

Two Types of Meltdowns

There are two types of meltdowns: cognitive and sensory. Both involve being subjected to an overload that elicits an instinctual fight-or-flight response. *Cognitive meltdowns* affect the mind when the overload most commonly occurs over a communication breakdown or barrier such as not receiving clarity over what is implied. For example, "What

do you want to do today?" is a question that is too vague and broad, creating undue anxiety because individuals with ASD thrive on a detailed script of how the day will unfold. Another major cause of cognitive meltdowns is going off script for any reason.

Sensory meltdowns affect the body when an individual is exposed to sensory sensations that are overbearing. Without any means of alleviating the impact, the sensory nerves affected are overstimulated, invoking the physiological fight-or-flight response of the body. If a person is highly sensitive to loud noises and is forced to sit through an entire sports event where there is a lot

of cheering and yelling, he will develop a sensory meltdown if there aren't any interventions in place.

Dealing with Meltdowns

In both cognitive and sensory meltdowns, there is always a level of cognitive dysfunctioning as the result of overload in the brain. Anxiety is the root cause. In either case the priority is to immediately reduce the level of stimulation and address the problem at hand.

If an individual with ASD is experiencing a sensory meltdown, look around to pinpoint possible environmental triggers. In the case of a cognitive meltdown, analyze the conversation or command that immediately preceded the anxiety to see if something was not conveyed clearly and concretely. For example, while I was visiting in New Orleans during a very hot spell last August, my friend strongly admonished me, "Please be sure to carry lots of bottled water with you in your pack as you explore the city. The heat index will be 118 degrees today." I did exactly as she said and loaded up my pack with heavy water bottles that I carried around all day

in the scorching heat. Despite feeling the effects of heat exhaustion, I never opened a single water bottle.

When I met up with my friend later that night, she was visibly upset and in utter amazement asked why I chose to ignore her command. I told her that I did exactly as instructed and that she failed to mention I was to drink the water. Something as simple as this miscommunication could quickly escalate into a misunderstanding and a full-blown meltdown when the person with ASD begins to stress over what is expected of him or why he is being reprimanded for not obeying when he did exactly as instructed.

Extinguishing Tantrums

Established tantrums are difficult to eradicate because they are directly proportional to how successful they have been in the past. Tantrums start out as an act of defiance. If the defiance is not overruled and the child doesn't have to comply with whatever request you made in the first place, then from that point on he has taken you hostage. Now the next time this request is met with the same defiance as before and you attempt to stand your ground, he will "threaten" you by increasing the intensity of the outburst until you give in to his demands.

Never bargain with a tantruming child! If a tantrum occurs in public, don't cave in to self-imposed pressure to stop the screaming because people are watching you. Don't hand your child the candy bar, which five minutes earlier you said he couldn't have, just to stop making a scene. By bargaining or backing down, you give the individual with ASD an incredibly powerful reinforcer that encourages using the same manipulative strategy in the future.

The first step in controlling a tantrum is to set firm ground rules with whatever behavior(s) you are trying to stop in the individual. Be concrete and literal with explaining the consequences of breaking the rule and explain to him why he needs to follow that particular rule. Make sure you specify what the consequence will be and make sure he will "feel" that consequence, preferably by denying him something that has meaning. When I was a child, my mom would send me to my room as punishment (consequence) for misbehaving, which was to me a privilege because it got me out of social settings



A TRUE MELTDOWN IS THE RESULT OF AN INVOLUNTARY PHYSIOLOGICAL RESPONSE; A TANTRUM IS A DELIBERATE CHOICE TO ACT A CERTAIN WAY.

I didn't care to participate in with my peers. Getting sent to my room for misbehaving became a desired learned response to avoid my peers. I may have been confined to my room, but I had my toys, telephone, and TV to enjoy. I wasn't denied something that held meaning to me. There was no motivation for me to stop such behavior.

Sometimes tantrums occur when the individual balks at doing something because he doesn't understand the consequence of noncompliance. Be realistic and believable. I have heard more than one parent threaten a child who was misbehaving with, "If you don't stop, I will tell the policeman standing in the checkout lane over there to take you to jail." By threatening this you may create an intense fear of anyone in uniform. Or the child will realize the improbability of such a statement and ignore any further admonitions to stop. The child won't take you seriously. Instead respond with, "If you don't stop screaming by the time I count to five, I will stop shopping for groceries and take you out to the car until you calm down." If you reach five and the child is still tantruming, follow through with your promise and head for the car.

If a child fusses and whines about why he has to do something, don't respond with, "Because I am your mother and I said so." That is too vague for an individual with ASD to comprehend. Instead use a response that reiterates why a rule is to be followed along with the consequences of not following the rule, "Mary, we don't slap another person for any reason because it causes him physical pain; that is the rule. If you break this rule

and slap someone, then I will take away your laptop for the rest of the day." Then the child can't claim the defense that she didn't understand what you meant.

The key to minimizing tantrums is consistency. Whatever behavioral plan has been created to deal with a certain behavior must be followed by *all* those interacting with the child—whether at school or at home. No exceptions! Lack of consistency is the number one breaker of any behavioral plan dealing with tantrums.

In conclusion, remember that tantrums are a willful choice to manipulate behavior. Any behavioral intervention instituted may initially be met with fierce resistance and an escalation of the particular behavior you are trying to extinguish. Don't back down or bargain—that only reinforces the individual's resolve to override any behavioral interventions. ■

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Reference

Lipsky, Deborah, and Will Richards. 2009. *Managing Meltdowns: Using the S.C.A.R.E.D. Calming Technique with Children and Adults with Autism*. Philadelphia: Jessica Kingsley Publishers.