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Understanding Challenging Behaviors in Autism: Assessment & Treatment Options

OBJECTIVES:

- ▶ Assess and identify common behavioral challenges in clients with autism.
- ▶ Formulate the differential diagnosis for behavioral challenges.
- ▶ Identify and describe interventions and treatment options including where and how to access services.

Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.



Shirley Fett

- ▶ *Family Nurse Practitioner-BC*
- ▶ *Pediatric Primary Care Mental Health Specialist*

▶ **Native American SmartCare**

▶ **Regional Partner for Cal MAP:**

The California Child and Adolescent
Mental Health Access Portal

Native American SmartCare

- ▶ Regional partner for Cal-MAP (<https://cal-map.org>)
 - ▶ Focus on San Diego County and tribal clinics throughout California
- ▶ Pediatric mental health care access programs help to bridge the gap in access to care
- ▶ Program offers
 - ▶ Real time consultation for pediatric PCPs with mental health specialists
 - ▶ Free education/CME offerings
 - ▶ Resource navigation/care coordination
- ▶ Additional services (through NASC):
 - ▶ Attending clinic treatment team meetings to provide consultations and educational trainings
 - ▶ Scheduling direct patient consultations for complex cases
- ▶ Provider Consultation Line: **888-987-0960**
- ▶ Patient and Caregivers Line: **888-660-6616**



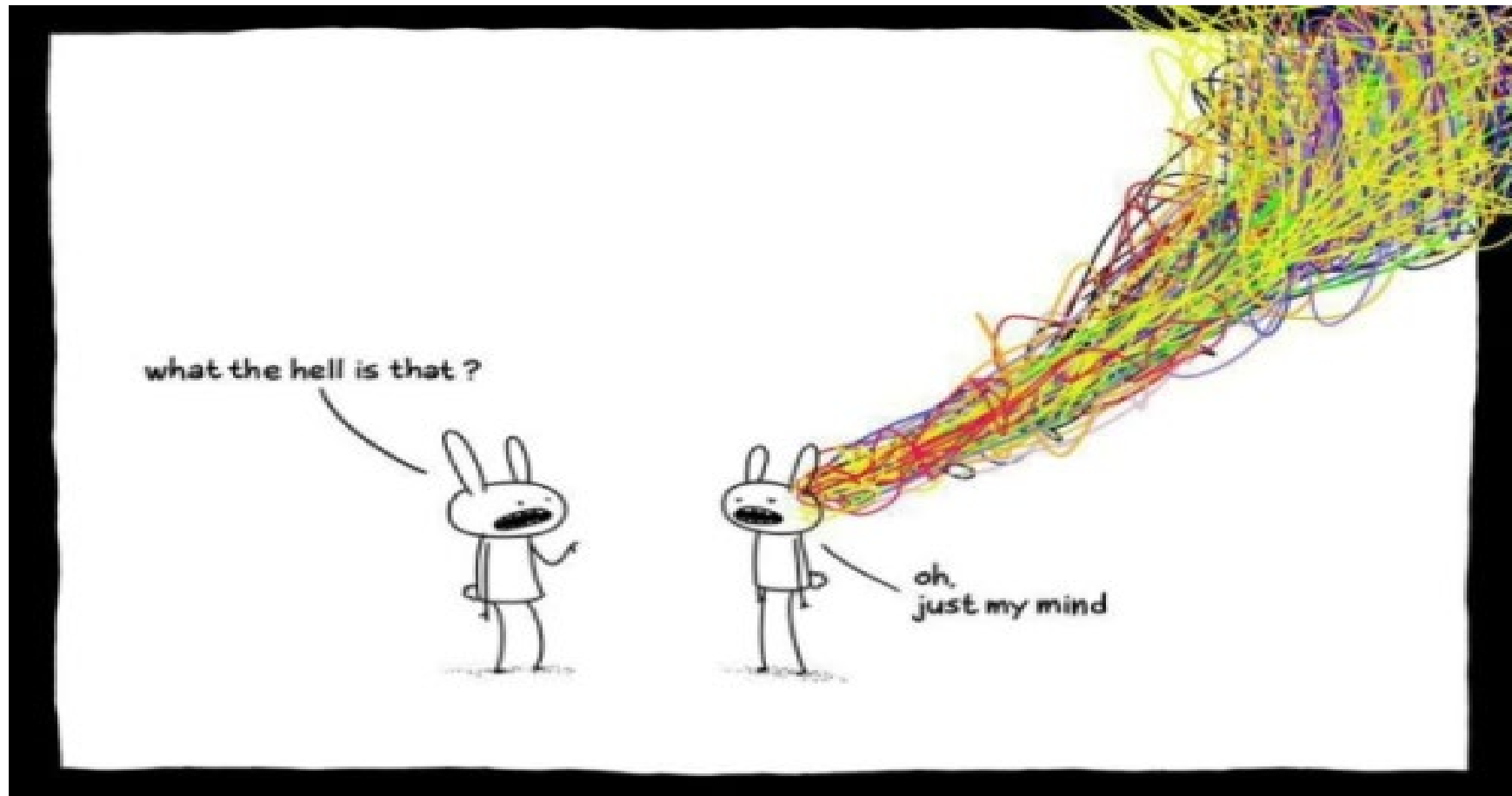
MY MOST IMPORTANT JOB....

BROCK Age 34

DEREK Age 32



UNDERSTANDING CHALLENGING BEHAVIORS IN AUTISM



Autism Current Facts.....

- * Developmental disability - develops before age three and causes delays or differences in social and communication throughout the person's life span.
- * The cause or causes of autism are unknown.
- * Likely genetic origin with probable environmental influences; tends to run in families
- * 3 males for every 1 female
- * CDC: CA estimate 1 in 12.5- 8 year olds and 1 in 22- 4 year olds. Higher than national average.
- * No cure for autism
- * 40% of adults with ASD are nonverbal



The term “challenging behaviors/problems” refers to behaviors which may cause *significant harm, disturbance or ability to function*.

Challenging behaviors in individuals with Autism Spectrum Disorder (ASD) encompass a range of actions that can be difficult for caregivers and educators to manage.

These behaviors often include:

- ▶ Aggression, property destruction
- ▶ self-injury
- ▶ severe tantrums/intense emotional outbursts

It is important to recognize that these behaviors **may be** manifestations of underlying issues, such as communication difficulties, emotional distress, or sensory overload.

Over **40%** of individuals with autism engage in both aggressive behaviors and self-injurious behaviors (SIB)

MELTDOWN VS. TANTRUM: Look the same, but not the same.



- ▶ Meltdowns are not goal-oriented. It is not a way to get someone else to do something. It is a reaction to an *intense sensory overwhelm*.
- ▶ A tantrum is a completely different thing; it's more *want-directed*. It's about trying to control someone else's behavior.



Is All Aggression Due to Anger?

The simple answer
is NO.

BEHAVIOR IS
COMMUNICATION

THE BEHAVIOR ICEBERG

Behaviors (we can see)

Aggression
Raging
Screaming
Low tolerance
Frustration
Verbal abuse

Screaming
Crying
Avoidance
Refusal

Hiding
Self Isolation
Running/fleeing
Violence
Threatening
Loss of self control

Internal Emotional States (we cannot see)

Nervous
Exhausted
Trapped
Guilty
Scared
Insecure
Disappointed
Envious
Overwhelmed

Angry
Rejected
Alone
Embarrassed
Judged
Unloved
Fearful
Depressed
Anxious

Frustrated
Worries
Attacked
Shameful
Disrespected
Helpless
Disgusted
Offended
Sad

POSSIBLE CAUSES OF MELTDOWNS, TANTRUMS, AGGRESSION

MEDICAL or DENTAL PROBLEM?

INABILITY TO COMMUNICATE WANTS OR NEEDS

COGNITIVE DEMANDS TOO HIGH OR TOO LOW?

SENSORY DYSREGULATION: TOO MUCH? TOO LITTLE?

REINFORCEMENT OF BEHAVIOR?

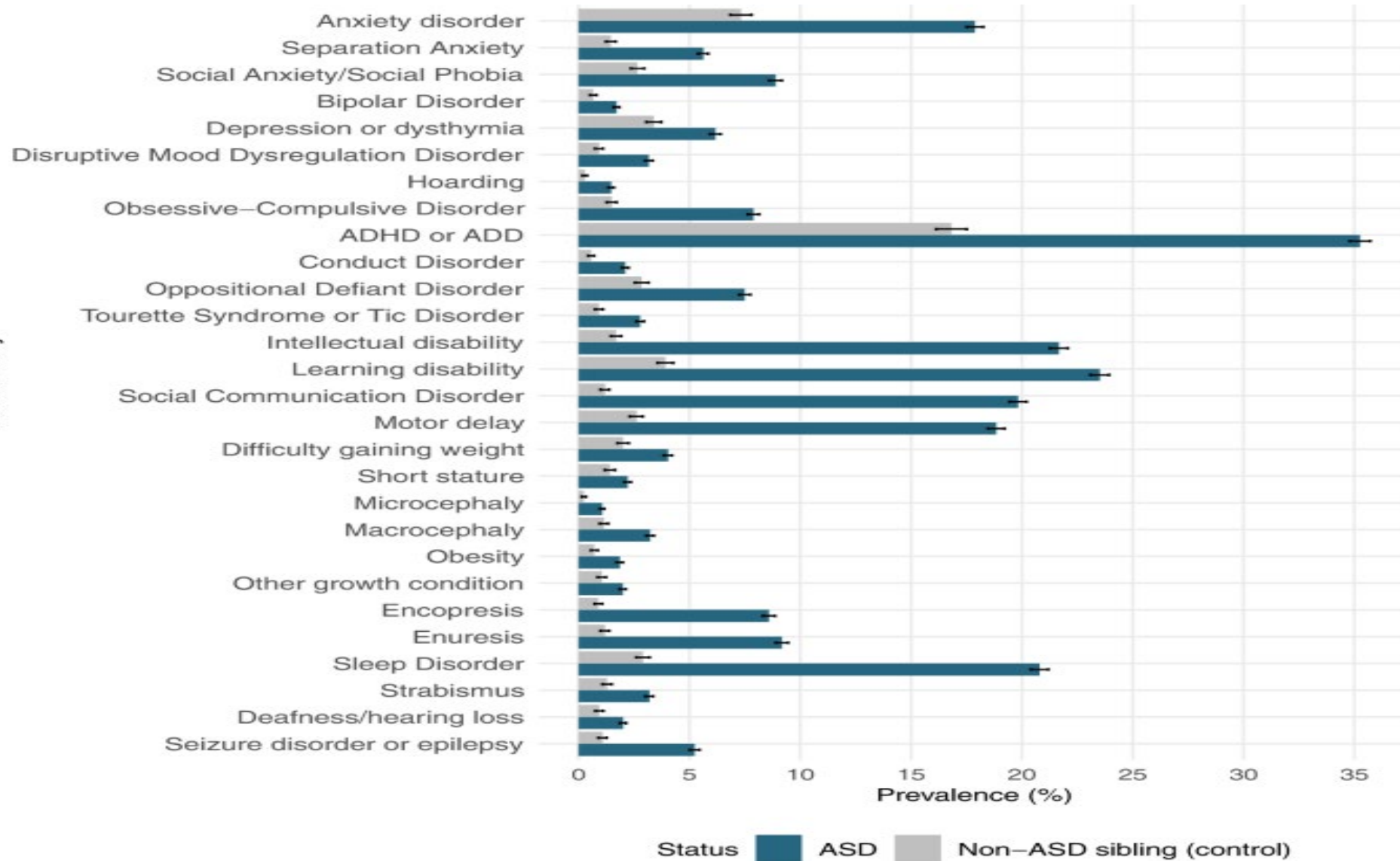
MENTAL HEALTH-COULD THERE BE A
CO-OCCURRING CONDITION?

FAMILY/SCHOOL DYNAMICS

AUTISM AND CO-OCCURRING CONDITIONS

- Selective Mutism
- ADHD
- Developmental Coordination Disorder
- Ehlers-Danlos Syndromes
- Dysautonomia
- Sensory processing differences
- Epilepsy
- Intellectual Disabilities
- Mental health
- Dyscalculia
- ME/CFS
- Hypermobility
- Obsessive Compulsive Disorder
- Gastro-intestinal Issues
- Dyslexia
- PTSD/C-PTSD
- Fibromyalgia
- Premenstrual Dysphoric Disorder
- Dysgraphia
- Mast Cell Activation Syndrome
- Psychosis
- PCOS

Comorbidity

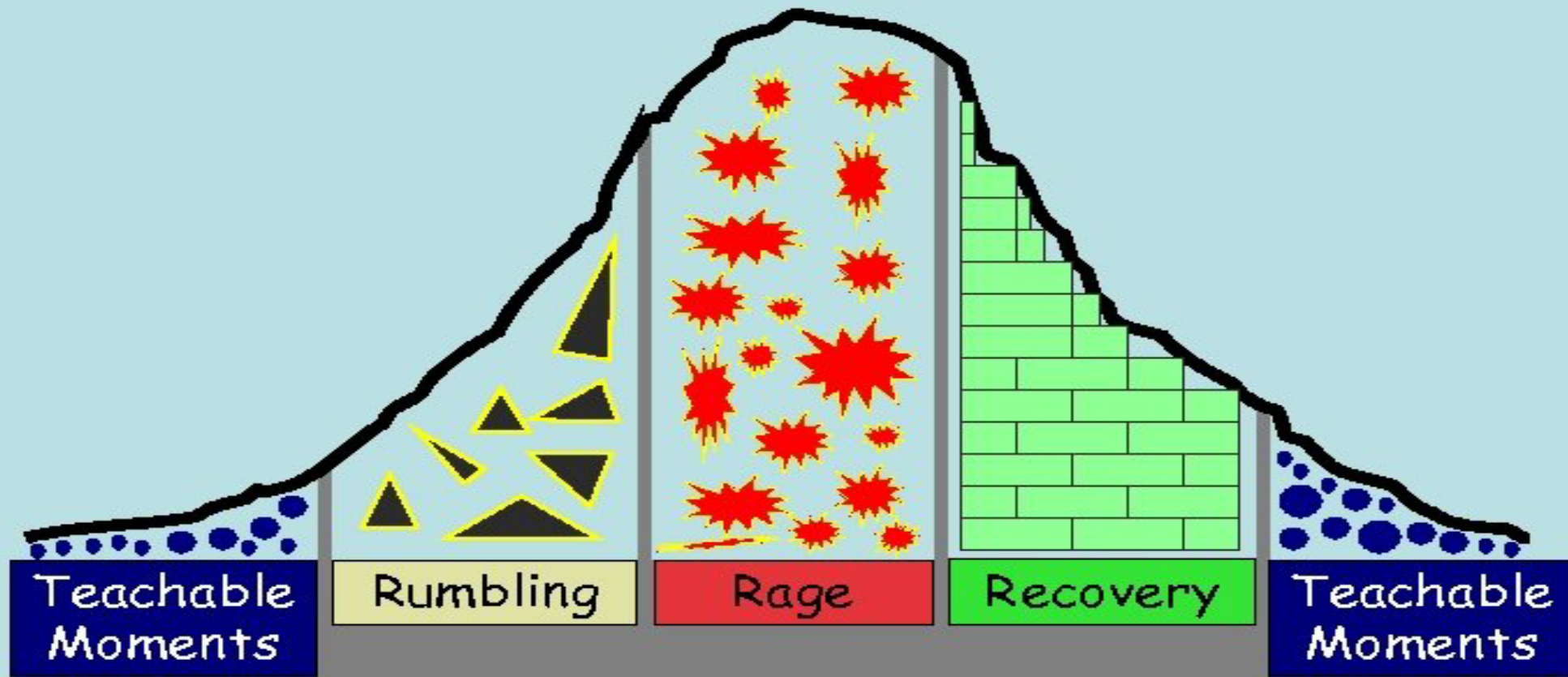


“The meltdown came from nowhere!”

The "meltdown" is actually the culmination of stressors, sensory overload, or emotional pressure that has been building up over time.



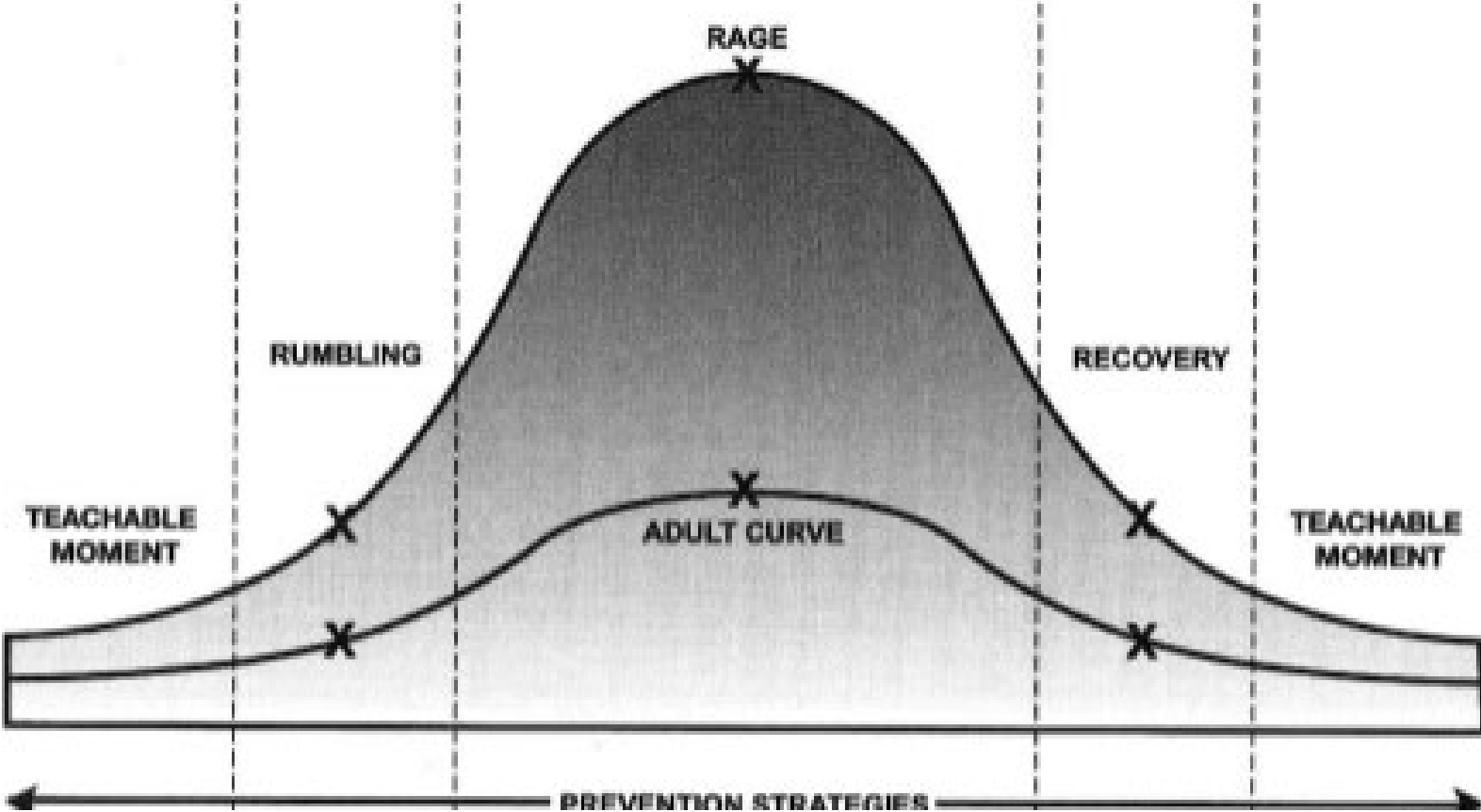
THE RAGE CYCLE

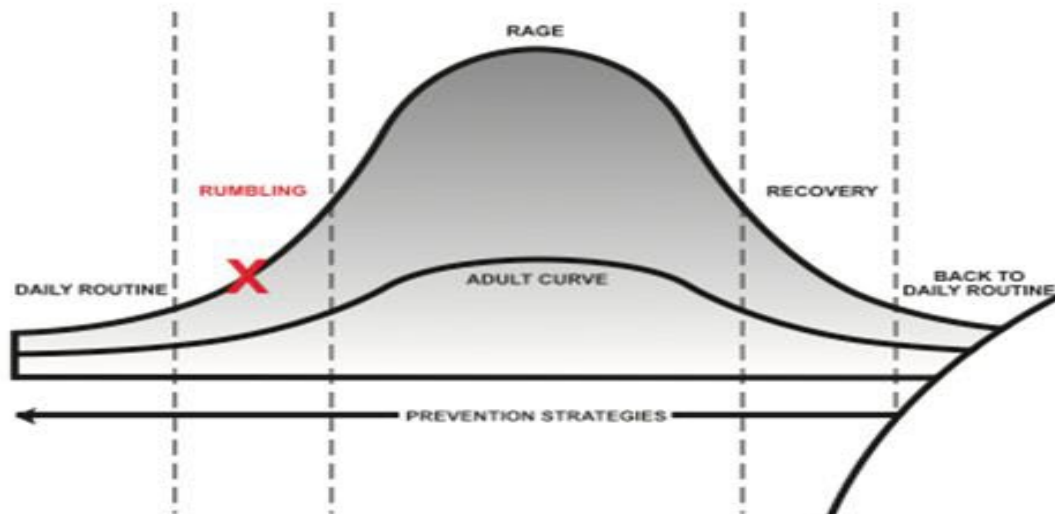


Adapted from Myles, B., & Southwick, J. *Asperger Syndrome and Difficult Moments: Practical Solutions for Tantrums, Rage and Meltdowns*. Autism Asperger Publishing Company

Overload: Looks like anxiety, impulsivity, meltdowns

Brenda Smith Myles: AS and Difficult Moments






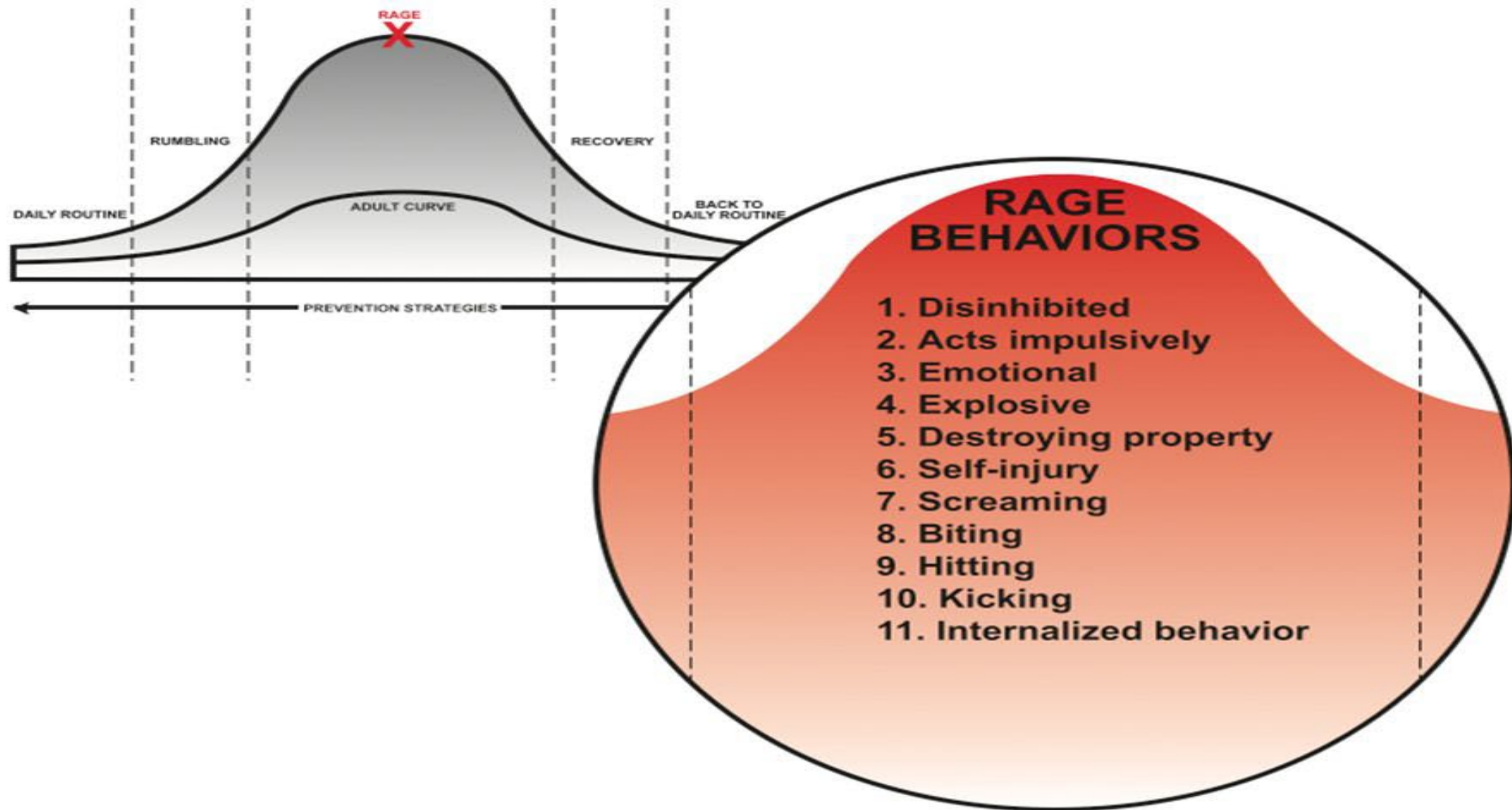
RUMBLING BEHAVIORS

- Fidgeting
- Swearing
- Making noises
- Ripping paper
- Grimacing
- Refusing to cooperate
- Rapid movements
- Tears
- Tensing muscles
- Name calling
- Increasing/ decreasing voice volume
- Verbal threats
- Tapping foot

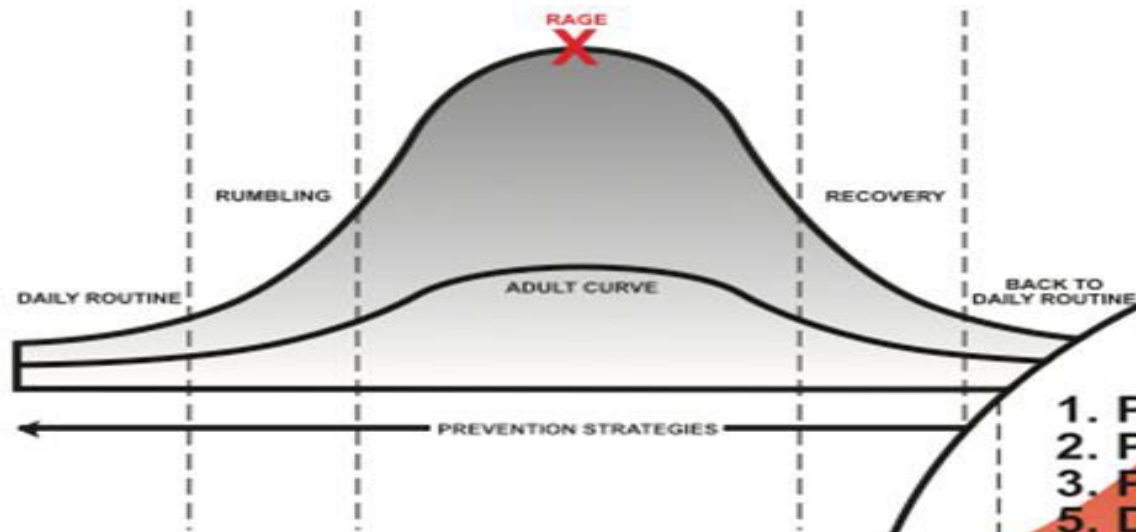


“RUMBLING” INTERVENTIONS

- ▶ Try to intervene without being part of the struggle.
 - ▶ Just walk, **don't talk**
 - ▶ Redirect
 - ▶ Self calming coaching
 - ▶ Acknowledge the difficulty
 - ▶ Remove, in a non-punitive way, from the environment
 - ▶ Proximity control-a technique where you move near the person without saying anything
 - ▶ Go to a “home base”-could be a quiet spot at home, sitting outside on a bench, a bean bag chair, etc..
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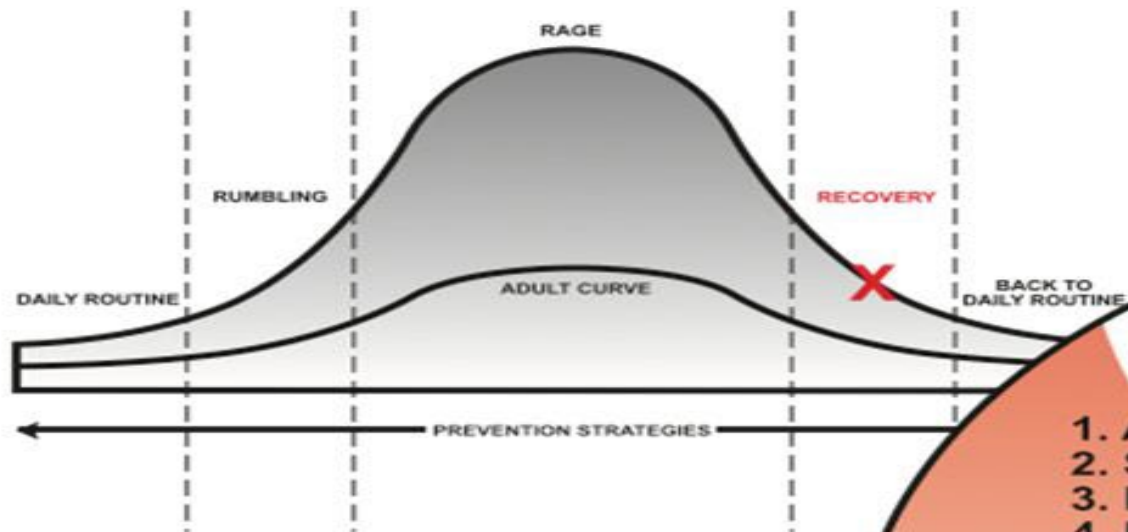


adapted from Curtis and Dunn, 2000



RAGE INTERVENTIONS

1. Protect the student
2. Protect the environment
3. Protect others
5. Don't discipline during this stage
6. Remove the audience
7. Be nonconfrontational
8. Learn to disengage emotionally
9. Plan a "graceful exit strategy"
10. Follow a plan
11. Obtain assistance
12. Prompt to a home base, as appropriate
13. Use few words
14. Prevent power struggle
15. Re-evaluate student goals
16. Be flexible – the child cannot
17. Set a timer



RECOVERY INTERVENTIONS

1. Allow to sleep, if necessary
2. Support use of relaxation techniques
3. Do not refer to the rage behavior
4. Determine child's individual needs.
Use the appropriate option:
 - Redirect to successful activity or special interest
 - Provide Space
 - Ensure that interventions are presented at or below the child's functioning level
5. Check to see if student is ready to learn
6. Do not make excessive demands
7. Support with structure
8. Consider the child to be "fragile"
9. Plan "instructional interventions" to provide alternatives to tantrums, rage meltdowns, and shut downs

Who can help and how?

- ▶ MEDICAL PROVIDERS
 - ▶ HOME AND FAMILY
- ▶ SCHOOL/DAY PROGRAM
 - ▶ REGIONAL CENTER
 - ▶ OTHER RESOURCES

MEDICAL PROVIDERS



Consider any and all possible medical causes and treat accordingly.

▶ Other therapies:

- ▶ ABA-Applied Behavioral Analysis
- ▶ Occupational Therapy-can help with sensory regulation
- ▶ Speech Therapy-can help with communication strategies, social skills
- ▶ Physical Therapy-can help with motor challenges and strengthening
- ▶ Cognitive Behavioral Therapy-Usually for Level 1 ASD with no speech or intellectual impairment

Home and School: Practical Tips for Patients/Families

- ▶ Empower parents and caregivers to be “behavior detectives”.
 - ▶ Identify and define the behavior
 - ▶ Investigate the “why” behind behaviors
 - ▶ Use behavior logs
 - ▶ Get collateral information if relevant

Seek assistance from the school-request a FBA: *Functional Behavior Assessment*. Outcome is a *BIP-Behavior Intervention Plan*

Have a Safety Plan in place for home and school

Parent training and coaching on how to manage and address behaviors.

Interventions should be guided by the thoughtful assessment behind the “why”.



MELTDOWN KIT for Parents & Caregivers

Assessment questions:

What kind of toys/activities does my child like to do?

Can this item help stop or lessen a meltdown?

Does this item have the texture/shape/color my child likes?

- Fidget toys
- Sensory objects (kinetic sand, play putty, slime, stress ball)
- Sunglasses
- Noise-canceling headphones
- Favorite music or book
- Bubbles
- Weighted vest
- Weighted stuff toy
- Favorite toy
- Identify a “home base” in advance



OTHER RESOURCES.....

Regional Centers:

- ▶ In home behavioral assessments and wraparound services
- ▶ Request more respite hours/ask for behavioral respite if indicated
- ▶ Social and recreation programs, camps
- ▶ Parent training, conferences

Autism Speaks *Challenging Behaviors Tool Kit*

<https://www.autismspeaks.org/tool-kit/challenging-behaviors-tool-kit>

National Council on Severe Autism <https://www.ncsautism.org/>

Free resources on home strategies for melt downs and a sensory diet.

<https://www.befreeot.com>

IHSS: In Home Supportive Services-Requires individual to have Medi-Cal insurance in order to apply.

FIVE THINGS TO REMEMBER WHEN WORKING WITH CHALLENGING BEHAVIORS

1. **DON'T TAKE IT PERSONALLY.** IT'S NOT ABOUT YOU.
2. **THE BEHAVIORS ARE CHALLENGING.** THE CHILD IS NOT.
3. **DE-ESCALATE FIRST.** PROBLEM SOLVE LATER.
4. SOMETIMES WE MIGHT NOT SEE IT,
BUT THERE'S ALWAYS A REASON.
5. **HAVE EMPATHY.** JUST IMAGINE WHAT
THE CHILD IS GOING THROUGH.



Final comments.....

- ▶ Remember most behaviors occur for a reason or a cause
- ▶ They do not occur randomly or in isolation
- ▶ Understanding the *cause or function* of the behavior is the first step in developing effective prevention and intervention strategies.



QUESTIONS?



▶ THANK YOU!

- ▶ *Smart Care Behavioral Health Consultation Service*
- ▶ 858-880-6405 Provider Line
- ▶ 858-956-5901 Parent/Patient Line
- ▶ Email:
BHCS.provider@vistahill.org