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Foreword

By definition, children and youth with autism spectrum disorders (ASD) have significant social, communication, and behavioral problems. These challenging learners also frequently experience difficulty in controlling their anger and other emotions. To be sure, educators and parents all too often find themselves in situations where students with autism-related disabilities display meltdown behavior. These problematic and demanding behavioral crises require that supervising adults both engage in appropriate preventative planning and apply evidence-based procedures and tactics.

Without a doubt there is a significant need for evidence-based, practical, and practitioner-friendly resources that help practitioners and families plan for, circumvent, mitigate, and respond to meltdown behavior problems. *Managing the Cycle of Meltdowns for Students With Autism Spectrum Disorder* is a significant source of such information. Colvin and Sheehan's meltdown cycle model reflects years of educational and clinical experience with children and youth with special needs and disabilities, including those with ASD. The strategies they recommend for responding to and managing individuals in various phases of the meltdown cycle are scientifically supported and clearly described. The knowledge and skills that are advanced in *Managing the Cycle of Meltdowns for Students With Autism Spectrum Disorder* are significant, and teachers, related service educational professionals such as speech pathologists and occupational therapists, teaching assistants, and others who work directly with students with autism-related disabilities will find this book to be a valuable resource. Parents and family members will also find the information to be a valuable source of guidance relative to dealing with difficult situations and mitigating problems connected to behavioral crises and urgent problems.

The ASD field is undeniably in its infancy relative to identifying and using the most effective and utilitarian methods for children and youth with ASD. Fortunately, some promising signs on this front can be seen, including efforts by professional associations and individuals to vet the myriad interventions and treatments for children and youth with ASD that purport to improve functioning and quality of life for these learners and their families. These efforts portend favorably for wide-scale adoption of a “best practice” model that is underpinned by procedures, strategies, and other methods with the greatest potential for benefitting learners with ASD and a willingness on the part of stakeholders to consistently use with fidelity maximally effective methods as the foundation for their educational programs.

While general progress on this front is evident, it is also obvious that a number of specific topics relative to effectively serving students with ASD are long overdue for attention. One such neglected area is improving our understanding of behavioral meltdowns among children and youth with ASD and dissemination of utilitarian strategies for preventing and responding to these all-too-common events. In this connection, Colvin and Sheehan have significantly advanced our understanding of meltdown behavior. They offer practitioners and parents proactive recommendations for understanding not only factors associated with meltdown and crisis behaviors but also how to deal with these significant problems. In sum, *Managing the Cycle of Meltdowns for Students With Autism Spectrum Disorder* reflects a sophisticated and multifaceted understanding of a particularly challenging and poorly understood problem of children and youth with ASD. Most important, the practical and practitioner-friendly behavior management and behavior support strategies advanced in this resource bode well for students with ASD being able to learn alternatives to meltdown behavior and ultimately acquire self-control skills that are needed for positive educational and life outcomes.

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behavior. In addition, these students may have the component skills but fail to understand or show interest in the activity. Again, when the teacher persists with the activity, students with ASD may react. For example, a student has shown the ability to throw things. Yet in a physical education class the teacher is unsuccessful in teaching her to throw a baseball, and the harder the teacher tries the more student reacts or acts out. Another student may show fine motor skills in one area, such as assembling a puzzle, but have great difficulty with handwriting and copying activities.

Impact of Health Issues. It was noted in Chapter 1 that some students with ASD are afflicted with medical or health issues such as stomach concerns (constipation, stomachaches, diarrhea), sleep problems, eating issues, and emotional problems. These conditions can set the students on edge so that in a classroom or school situation it does not take much to upset them and precipitate problem behavior. Even simple directions or demands can trigger serious behavior when a student is suffering from some health concern. While the immediate trigger could be something in the classroom, such as a demand, the underlying issue is that the student has a health problem.

Spillover of Issues From Home. Similar to health issues, sometimes something happens at home that set the stage for problems at school. A student may have had a bad bus ride, had trouble with getting ready for school, or had to leave a special toy or game at home. Again, a simple demand or task at school can trigger serious problem behavior when the student is already upset from something at home.

General Behavioral Descriptor

Summary of Phase II: Triggers

Overall, student has trouble understanding and communicating.

Illustrations

Box 3.2 shows the triggers operating with Ricky and Elena in Phase II.

Step 5: Ensure Classroom and Schoolwide Readiness

Define Roles. Teachers responsible for the education of students with ASD have a solid plan in place beforehand so that if a meltdown should occur, then everyone in the classroom knows exactly what his or her role is. There is no place for calling a quick meeting to determine what to do or responding in an impulsive or instinctual manner. All should know what to do. Granted, adjustments may need to be made if unforeseen events arise. But the bottom line is that there is a plan in place and everyone knows what to do.

Establish Flexibility. The plan usually calls for flexibility. For example, if the meltdown occurs at the end of the day, then it is usually not appropriate to put the involved student on the bus while the meltdown is occurring. Arrange alternative transportation beforehand. Similarly, it may be time for lunch for the staff person who is monitoring the student involved in a meltdown; schedule adjustments need to be made so that the monitoring is not interrupted.

Explain Documentation Needs. Careful documentation must be a key part of the plan. Write up and file information related to the meltdown so that parents are given adequate information on the incident, decisions are made for adjusting the plan as necessary, aspects of triggers may be identified, details of the student responses are described, and fidelity to the plan is noted. Provide adequate training for staff in what documentation is needed and the process to follow.

Provide Staff Support. Taking charge of a meltdown can be very draining for staff, especially when sustained screaming and physical excesses are involved, such as kicking, flailing of arms, and banging on walls. Develop a plan so that staff members responsible for monitoring and managing the meltdown have a short break following the meltdown to collect themselves before working with other students or the same student.

Minimize Classroom Disruption. Given that other students are in class and involved with instruction, the procedures for managing meltdowns must be designed to minimize disruption for the rest of the class. The procedures must not only be safe for the involved

floor, arm waving or flapping, and running around the room), less physical tension in the body, or a switch from loud perseverative talk to mumbling.

2. The student becomes *more tuned into the environment*, such as by looking at the adult, attending to items in the room, responding to supportive comments from the adult, or asking questions or making comments directed to the adult.

At this juncture begin to take the steps for exiting the meltdown and beginning the next phase (Re-Grouping, discussed in Chapter 8).

Step 5: Document the Meltdown Incident

Document the meltdown incident as fully as possible. Note details in the report to provide information on what is reported to the parents, used for determination of IEP progress, and for modifying the management plan as needed. Use a set form for writing up the incident. The form will help teachers and staff in being consistent with what they write down and also ensure that complete information is recorded. Information reported typically includes the following details, which are followed by Form 7.2: Incident Report for a Meltdown (which can also be found in Appendix J).

- Demographic information on the student (name, class, teacher, date)
- Name of the person writing report
- Any injuries sustained by the student, other students, or staff
- Start time and end time of the meltdown (duration of the meltdown)
- Classroom activity at onset of the meltdown
- Name of the staff member initially involved with the student
- Name of the staff member mostly involved with managing the meltdown
- Initial steps taken by the teacher or staff
- Possible initial triggers
- Signs of agitation preceding the meltdown, if present
- Specific behaviors exhibited by the student during the meltdown
- Transition stages from meltdown to recovery
- Responses by staff during the meltdown
- Additional steps taken (parent contact, meeting called, other)

Box 10.5 Home-Based Behavior Support Plan for Ricky

Student Name: Ricky Wiley Date: 4/3/11 Teacher: Mary-Sharon Weatherspoon Grade: 1 Staff Present: Josephine Wardley, Tom Scruggs, Ellen Hawthorne, and Mary-Sharon Weatherspoon Parents Present: Rick and Athena Wiley	
<i>Assessment</i>	<i>Strategies</i>
<p>Calm</p> <p><i>Plays by himself happily for up to 30 minutes</i></p> <p><i>Let's me help him when assistance is needed</i></p> <p><i>Can transition satisfactorily when finished with what he is doing</i></p> <p><i>Likes to be praised when he makes something</i></p>	<p>Calm</p> <p><i>Rearrange living/family room so he has his own space</i></p> <p><i>Make some more visual cues and use frequently</i></p>
<p>Triggers</p> <p><i>Siblings start shouting or playing loudly</i></p> <p><i>Neighbor children visiting siblings and playing loudly</i></p> <p><i>Stopping special interests for meals and bedtime</i></p> <p><i>Denial of items at grocery store</i></p>	<p>Triggers</p> <p><i>Insist siblings and neighbors play quietly</i></p> <p><i>Show siblings and friends how to include him</i></p> <p><i>Provide forewarning for meals and bedtime</i></p> <p><i>Prepare him for shopping—rehearse expected routines</i></p>
<p>Agitation</p> <p><i>Ricky skips Phase III: Agitation and goes straight to Phase IV: Meltdown. In the background example he went to the closet and erupted into a meltdown.</i></p>	<p>Agitation</p> <p><i>Presently not applicable</i></p>

<i>Assessment</i>	<i>Strategies</i>
<p>Re-Grouping</p> <p><i>Screaming began to subside, and he began to sit still on the floor.</i></p> <p><i>He accepted the Game Boy from his mother.</i></p>	<p>Re-Grouping</p> <p><i>Sit near him, not too close but present so he knows you are there</i></p> <p><i>Watch him to see when the screaming reduces and he stops thrashing on the floor, becoming quieter</i></p> <p><i>Talk to him quietly</i></p> <p><i>Give him something he likes to play with, such as a Game Boy or computer game</i></p> <p><i>Allow him time to take it and play with it</i></p>
<p>Starting Over</p> <p><i>He switched on the Game Boy and began to play with it again.</i></p>	<p>Starting Over</p> <p><i>Provide encouragement for settling down and playing the game</i></p> <p><i>Comment on the game he is playing, and take a turn if appropriate</i></p> <p><i>Maintain supportive measures</i></p>

Note: Each of these steps is discussed with the parents and clearly explained by the teacher (using the example from Box 10.4).

Chapter Summary

Students with ASD who exhibit meltdown behavior typically have serious problems in all the major settings of their lives—school, home, and the community. Each of these environments needs to be targeted in order to effectively change the student’s behavior. This means that the parents play a critical role in not only contributing to the behavior support plan for school but also developing and implementing a plan tailored for the home and community. The development of these components in a comprehensive plan requires parents and educators to work together in a collaborative and reciprocal