DIFFERENTIATING MELTDOWNS, TANTRUMS, AND RAGE INCIDENTS IN INDIVIDUALS WITH ASD

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Background

Meltdowns, tantrums, and rage incidents are one of the most challenging class of behaviors for individuals, caregivers, schools, and communities to deal with. The intensity, frequency, and duration of these incidents can significantly impact on the individual's access to educational, work, and community opportunities. These aspects of this class of behaviors can also negatively impact on the family, caregiver, school, work, and community in such a way that they engender feelings of hopelessness, helplessness, anxiety and depression in those impacted on by the behaviors. In addition, family members, caregivers, teachers, and therapists intervening with the individual who is exhibiting these behaviors may be subject to the judgments and biases of onlookers. As a result, the people intervening with the individual exhibiting one of these behaviors often experience further feelings of shame and guilt. Effectively intervening with these behaviors can help restore opportunities for the individual, as well as restoring hope for a brighter future to the family, teaching staff, therapeutic staff, and community, of the individual who is exhibiting this class of behaviors.

Definitions

Meltdown: extreme emotional/behavioral response to stress or overstimulation (Lipsky & Richards, 2009, pp. 20)

Tantrum: an outburst of anger or frustration when the individual is required to do something that they do not want to do, or denied access to something that they desire

Rage Incident: a violent, uncontrolled experience or expression of anger that is often out of proportion to the situation

***any of these may be exhibited at any age, may be exhibited by an individual of any ability level, may occur in any environment, and may be the result of factors that are easily determined or factors that are unknown to all involved.

Differentiating Meltdowns, Tantrums, and Rage Incidents in Individuals with ASD:

Differentiating Factors (adapted from Baker, 2008; Lipsky & Richards, 2009; Lynn, 2012; Lynn & Lynn, 2007; Mazefsky & Handen, 2011; and Ory, 2007)

Although there is some debate whether these can be differentiated, I believe that understanding the factors that differentiate these three sets of behaviors can help us to meaningfully plan and execute effective interventions. As always, it is important to differentiate the person from the behavior that is exhibited; and that the function or purpose of a behavior does not necessarily reflect an intention on the part of the individual.

Level of Internal Regulation:

Meltdowns: low levels of internal control or uncontrolled
Tantrums: higher levels of internal control; often more goal-directed and purposeful
Rage Incidents: low levels of internal control

Functions of the Behavior:

Meltdowns: may be avoidant
Tantrums: to obtain something preferred; to avoid a non-preferred item/activity
Rage Incidents: may seem to be related to avoidance or obtaining

Possible Antecedents:

Meltdowns: sensory overload; interruption of a special interest; social expectations; difficulty communicating; feeling overwhelmed; unexpected transition
Tantrums: denial of a preferred item/activity/ person; presentation of a non-preferred item/activity/person
Rage Incidents: time of day (particularly at end of cycle of medication effectiveness); perceived slight or loss of control

Differences in Expression:

Meltdowns: individual attempts to remove self from the source of overload; frustration may be evident from not being able to express special interest
Tantrums: stops once preferred item/activity/person is obtained or non-preferred item/activity/person is withdrawn
Rage Incidents: very loud; may break things; may experience gory thinking; may come out of nowhere; may seem paranoid

Other Factors:

Meltdowns: may be related to co-morbidities of anxiety and/or trauma; may also be related to high-arousal state, startle reflex
Tantrums: may be a learned pattern; may be unintentionally reinforced
Rage Incidents: may relate to co-morbidities of bipolar disorder or Intermittent Explosive Disorder; may also be related to trauma history

Shared Factors:

- May seem to come out of nowhere
- May have a consistent development: apparent calm, triggers, agitation, meltdown/tantrum/ rage, re-grouping, starting over (Colvin & Sheehan, 2012)
- A comprehensive Functional Behavioral Assessment and a Diagnostic Assessment that review both the

behavioral and mental health contributions to the behavior are beneficial to determine the factors that influence the expression of the behavior

Interventions

	Behavioral	Mental Health	Psychopharmacology
Meltdowns	• Development of a sensory diet • Development of sensory calming strategies • Skills training for social skills, emotion regulation, sensory regulation (including awareness of how body feels), communication skills • Removal from distressing environment	• Make sure that the individual knows they are safe; that they have a safe place • Development of coping and calming strategies • Cognitive Behavioral Therapy to address trauma or anxiety • Intervention to address distress tolerance and/or mindfulness	May respond to anti-anxiety medications and/or anti-depressants depending upon factors influencing the meltdowns
Tantrums	• Ignoring of tantrum behavior • Identification of alternative or inconsistent behavior to the tantrum behavior that can be reinforced • Development of a reinforcement schedule so individual knows when they will be reinforced and what they will be reinforced for	• Parent, Teacher, and/or Caregiver Training to be aware of patterns of interacting with the individual • Intervention to address distress tolerance and/or mindfulness	
Rage Incidents	• Development of plan for time of day, or situation during the day, when the behavior is likely to occur—give individual an out • Development of calming and coping strategies	• Intervention to address distress tolerance and/or mindfulness • Cognitive Behavioral Therapy for aggression/anger • Collaborative Problem Solving to determine solutions	May respond to mood stabilizers and/or anti-anxiety medication; a crisis, or PRN, medication may be necessary times when the individual is unable to get behavior under control

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