AUTISM:
LEARNING DISORDER VS MENTAL ILLNESS

STOP TRAINING

Often providers spend a great deal of time motivating children to walk and run. This takes place so that the individual’s legs strengthen and their coordination improves. Strengthening a person’s mobility assists the developmental process. Many times providers encourage this behavior by playing different types of chase games. When the individual with ASD becomes older that same running game behavior that was encouraged in the past is reported as a disruptive and dangerous behavior. When consequence-based solutions/threats are made the behavior often increases. Instead, providers need to look at the manifestation of the running behavior as a game. If that theory is true behavior change will have a greater chance of taking place if providers replace the CHASE game with a new game, STOP or FREEZE. The game of STOP has to become more fun than the game of CHASE so providers should teach the game in the following manner:

A. Remember this is a game! Make it fun!!
B. When Dr. Suess is calm take him to a safe area with plenty of room to walk/run without disruption.
C. Have Dr. Suess walk by your side. Politely insist he walk next to you, not behind or in front of you. If necessary take his hand.
D. Walk. Then suddenly stop! Say, “STOP,” in a firm tone, and gesture for Dr. Suess to stop.
E. If Dr. Suess stops in front of you silently move him back. If he stops behind you, silently move him forward. Be gentle, but expect him to stop right next to you, not behind or in front. Stay positive, but sweat the small stuff. This could be a serious safety issue.
F. Fade holding Dr. Suess’s hand as soon as possible.
G. With some individuals it may become necessary to make the skill more game-like. This could occur by switching roles or stopping in unusual positions. Keep it relaxed, your goal is to establish a ritual, when Dr. Suess hears the word “STOP,” he should automatically stop.
H. Practice until Dr. Suess masters the skill and responds to the verbal prompt.
I. Generalize and expand the skill by engaging the same system in many different environments.
Success will be clear when staff notice that Dr. Suess is about to bolt and they say, “STOP,” and he does. Providers who Dr. Suess has a history of running from must be polite, but persistent. It will take them much longer to un-teach Dr. Suess the old game and replace it with the new game. Providers should also be aware that Dr. Suess might not be able to generalize this skill among different people, especially when voices are distinctly different. If that happens new staff would have to go through the complete STOP training process with Dr. Suess. As Dr. Suess practices with different people his ability to generalize will probably increase.

This technique can be expanded to include stopping at a street corner, and looking both ways, etc. The goal is to turn the expectation (i.e. stop, look both ways, listen, go) into a fun repetitive ritual. Providers need to practice with Dr. Suess until he responds to a curb without thought and automatically follows the routine.

If Dr. Suess really attempts to escape providers should expect that by saying, “STOP” he will NOT always stop. However, even when “STOP” is not totally successful, it will cause Dr. Suess to pause long enough that a provider will have an opportunity to catch up with him and prevent him from placing himself and possibly others in danger.

If providers begin to see Dr. Suess run to escape from a demand it may be due to becoming overstimulated by all the information directed towards him. In that situation providers should consider teaching Dr. Suess where to walk. For example, if Dr. Seuss has a history of running from the classroom, providers need to teach him to walk (not run) from different areas of the classroom to that designated place. Explanation is not necessary; the goal is to try to establish a ritual. Once the ritual is established when Dr. Suess is overstimulated or frustrated enough to “run away,” he will automatically walk to the place he was taught to walk to. When this happens providers should allow him time to calm down. Once he appears calm they should approach him and prompt him back to his schedule as if nothing happened.

**PERSEVERATION**

Extreme perseveration occurs when the neurological system is “stuck” causing the person to remain focused on the same repetitive activity. Typically, individuals within the spectrum of autism begin to perseverate or become “stuck,” the more anxiety-provoking or demanding the environment becomes. This behavior is likely to increase as greater demands are made of the person and the material used becomes more abstract. Providers will probably be successful in breaking the perseveration by:

A. Do not discuss or attempt to correct the person for engaging in the perseveration.
B. Silently observe the perseveration that the person is engaging in. Look for the pattern, and identify the starting and end point of the perseveration.
C. Evaluate the environment. Often the person will begin to perseverate because he is anxious about something. If it is possible to identify the focus of the person’s anxiety attempt to block the person from seeing it or adjust it so that it is no longer causing
anxiety for the person. OR, direct the person on how to stop the anxiety-producing situation.

D. Do NOT attempt to be logical by explaining or asking the person why or what he is perseverating on. This is a neurological processing disorder. Typical logic has little to do with the problem. If it is decided that direction should be given they should be concrete and specific, without explaining why (BAD, “I want you to move that pole over to the other room because it appears that you do not like the…..” GOOD, “Please moves the pole to that corner then look this way.”)

E. Telling the person to stop thinking about the perseveration will have the reverse effect. It will probably cause him to think about it more.

F. Determine what the person can be redirected to then wait until he completes a perseverative cycle.

G. Attempt to redirect the person at the completion of the perseverative cycle. For example, if the person is tapping the wall, his paper, and his desk in a repetitive fashion the redirection should occur after he taps his desk.

H. The redirection should focus the person’s attention on a functional activity he can engage in. Telling the person to stop, without offering him an alternative activity is less likely to be successful. Also, in this example, the redirection should involve doing something appropriate with his hands.

I. If the provider can not totally ignore the perseveration because of the person’s persistence, acknowledge his comment, but do not discuss it, and then attempt again to redirect him to the appropriate activity.

J. Wait. The person may have to complete one more perseverative cycle before he can engages in your redirection.

K. If he continues to perseverate providers should attempt to refocus the person by surprising him with an usually action or comment. For example, pointing at the ceiling and stating in an excited fashion, “Is that your sister walking on the ceiling?”

L. The comment has to surprise the person enough that he has to stop and think about it.

M. At that moment the provider, may laugh, gain the person’s attention, and then redirect him to the appropriate activity.

N. Once redirected do NOT mention the perseverative behavior. Keep any further discussion short and focused on what you wish the person to do.

**SCRIPTING/SELF-TALK vs. PSYCHOTIC TALK**

- Individuals with ASD will engage in Self-Talk.
- Individuals with ASD will engage in talk that serves the function of calming only themselves.
- Scripting or Self-Talk is sometimes interpreted as a disruptive behavior, or a sign of mental illness, instead of as a necessary reaction for an individual who has difficulty processing information.
- Individuals with ASD often find great joy in repeating the same script over and over again.
- When an individual with ASD talks s/he often is NOT aware of the basic rules of proper communication.
Rules like social reciprocity and the etiquette of talking need to be taught to the individual with ASD in a concrete fashion.

Individuals with ASD miss the cues of give-and-take during a conversation.

People with ASD learn by “looking at the picture in their mind” and verbally processing the information until comprehension occurs. This information process can occur hours after the actual incident(s) were observed and may include engaging in self-talk.

A decrease in self-talk could cause a decrease in comprehension and/or an increase in anxiety.

REFERENCES


Autism Society of America, 7910 Woodmont Avenue, Suite 650, Bethesda, Maryland 20814-3015, 1-800-3-AUTISM.


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