

Tantrums, rage, and meltdowns (terms that are used interchangeably) typically occur in three stages that can be of variable length. These stages and associated interventions are described below. The best intervention for these behavioral outbursts is to prevent them through the use of appropriate academic, environmental, social, and sensory supports and modification to environment and expectations.

The Cycle of Tantrums, Rage, and Meltdowns and Related Interventions	
Rumbling	<p>During the initial stage, young people with Asperger Syndrome exhibit specific behavioral changes that may appear to be minor, such as nail biting, tensing muscles, or otherwise indicating discomfort. During this stage, it is imperative that an adult intervene without becoming part of a struggle.</p> <p>Intervention Effective interventions during this stage include: antiseptic bouncing, proximity control, support from routine and home base. All of these strategies can be effective in stopping the cycle of tantrums, rage, and meltdowns and can help the child regain control with minimal adult support.</p>
Rage	<p>If behavior is not diffused during the rumbling stage, the young person may move to the rage stage. At this point, the child is disinhibited and acts impulsively, emotionally, and sometimes explosively. These behaviors may be externalized (i.e., screaming, biting, hitting, kicking, destroying property, or self-injury) or internalized (i.e., withdrawal). Meltdowns are not purposeful, and once the rage stage begins, it most often must run its course.</p> <p>Intervention Emphasis should be placed on child, peer, and adult safety, as well as protection of school, home, or personal property. Of importance here is helping the individual with Asperger Syndrome regain control and preserve dignity. Adults should have developed plans for (a) obtaining assistance from educators, such as a crisis teacher or principal; (b) removing the student from the area [removing the upset student from the peer group is far less memorable for the peers than is moving the entire peer group away from the upset student]; or (c) providing therapeutic restraint, if necessary. Especially in elementary and middle school, every effort should be made to prevent allowing a student to have a meltdown in view of peers as this behavior tends to "define" the student in the peers' minds in years ahead.</p>
Recovery	<p>Following a meltdown, the child with Asperger Syndrome often cannot fully remember what occurred during the rage stage. Some may become sullen, withdraw, or deny that inappropriate behavior occurred. Other individuals are so physically exhausted that they need to sleep.</p> <p>Intervention During the recovery stage, children are often not ready to learn. Thus, it is important that adults work with them to help them to once again become a part of the routine. This is often best accomplished by directing the youth to a highly motivating task that can be easily accomplished, such as an activity related to a special interest. If appropriate, when the student has calmed sufficiently, "process" the incident with the student. Staff should analyze the incident to identify whether or not the environment, expectations, or staff behavior played a role in precipitating the incident.</p>

Pulling It All Together

The six-step plan, discussed on the preceding pages, presents a constructive framework for how to approach the inclusion of a child with Asperger Syndrome in your