

# AUTISM AND VIOLENCE

*Amid mixed—and often inaccurate—media portrayals, parents need to sort through the fears, realities and challenges involved in raising a child on the spectrum...*

BY DR. C. RICK ELLIS, ED.D.

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**W**e may never know the multitude of factors that contributed to the horrific incident at Sandy Hook Elementary School on December 14, 2012. Those who know little about having a child with social, emotional, and behavioral challenges are sure that they have the explanation for the incident, but, in actuality, this tragedy defies any rational understanding. It has required all of us to examine our beliefs regarding a number of controversial topics, including mental health services, guns, medication, video games, and violent media.

There have been repeated assertions linking Adam Lanza's diagnosis of Asperger's Syndrome with his violence. But presumptions of such a cause-and-effect dynamic between the two are simply unfounded. To the contrary, autism researcher Catherine Lord, PhD, cites research findings that show that only two percent of older kids with autism "have used an implement aggressively toward a nonfamily member." When aggression does occur, it is almost never directed toward people outside the family sphere, is rarely planned, and "almost never involves

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*What may lead to an aggressive outburst? Sleep problems, sensory issues, routine disruption, lack of stress reducers, poor coping skills with peers, lack of understanding by school staff, and social anxiety can all contribute to the resulting explosion that occurs when the child's frustration tolerance is not considered.*

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weapons." This preliminary evidence supports my own experience as a clinician and forensic evaluator; the majority of children on the spectrum are characteristically honest, kind, and principled.

## QUESTIONS AND FEARS

Specific fears arise for many spectrum parents when hearing as they endeavor, emotionally and intellectually, to process the latest shooting. Parents have to deal with a significant amount of strain on a daily basis, and may assume an even heavier burden, one of a discomforting nature, when they dare to ask themselves, "Might our child snap someday?" or, "If I give in to his obsession now, am I setting myself up for bigger problems in the future?"

The list of questions continues: When should I push and when should I let her relax after a hard day at school? Should I insist on the routine we've established, or allow a break since things are going so well? When does a violent video game provide a release for anger and frustration and when does it feed a growing obsession and possible pathology? These are questions parents of children with an autistic spectrum

disorder (ASD) ask themselves and even more so as the number of violent incidents rises. There are no easy answers.

Have you heard about the ASD hero? It is not likely. While the diagnosis of Asperger's Syndrome has also been suspected as a contributor to a number of extremely violent acts in the past, no positive media attention is given to incidents such as the ASD teen that stopped a planned violent tribute to the Columbine massacre in Virginia Beach, Virginia. Totally misinterpreting his behavior, the media, schools, and court system portrayed this morally astute teen as a conspirator in the mass murder plot. Putting himself and his family at risk, he did the right thing by alerting police of the mastermind's plan. Since he could not explain why he would naively, and temporarily affiliate with the mastermind, his hero's "reward" was six months in detention and a two-year expulsion from high school. This incident highlights the continued misunderstanding of ASD by authority within schools and communities nationwide.

### CONFRONTING REALITY

We must admit that some children on the spectrum have aggressive tendencies. Their impulses can be directed toward family, peers, authority figures, or themselves. Siblings are often the most frequent recipient of aggression from the spectrum child. Daily contact and what, normally, is the give-and-take of social play, may be viewed by the spectrum child as unfairness on the part of the sibling. Similar conflicts or normal "joking" with peers can result in misinterpretation of the motives of others and lead to retaliation for "mistreatment". When dealing with an actual bully or "mean teasing", more intense conflicts may occur and trips to the principal's office are not uncommon.

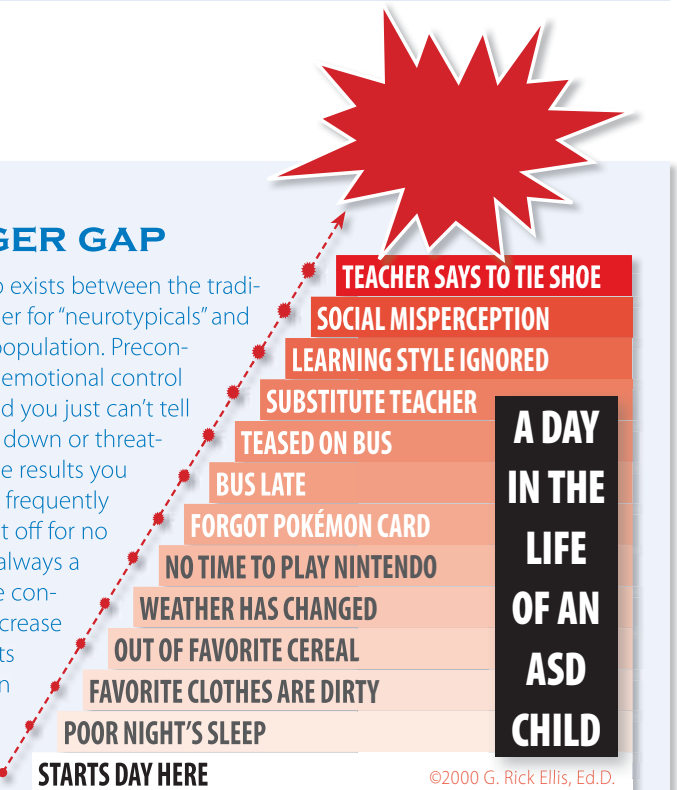
Setting limits for any child is a challenge and many spectrum children cannot contain their frustration when normal discipline methods are utilized by adults. For a variety of reasons, self-control is, however, sometimes utilized by some spectrum kids in frustrating situations, but instead of taking it out on others, they may engage in self-harm. No matter what the setting or circumstance, the frustration, anxiety, arousal, or dysregulation that occurs

## THE ANGER GAP

An enormous gap exists between the traditional view of anger for "neurotypicals" and that for the ASD population. Preconceived notions of emotional control do not apply—and you just can't tell the child to settle down or threaten them to get the results you want. I have been frequently told that, "He went off for no reason...". There is always a reason or multiple contributors to the increase in irritation. Parents of children with an ASD can relate to the figure that illustrates a day in the

life of an ASD child. What may lead to an aggressive outburst? Sleep problems, sensory issues, routine disruption, lack of stress reducers, poor coping skills with peers, lack of understanding by school staff, and social anxiety can all contribute to the resulting explosion that occurs when the child's frustration tolerance is not considered. Parents make frequent requests of me to intervene with school discipline committees or the juvenile courts when very similar scenarios occur for their child. The earlier we can intervene, the less likely such negative consequences will result.

The general conceptualization of the frustration-aggression hypothesis (Dollard, et. al, 1939) appears particularly applicable to the ASD population. This model indicates that when the individual's source of the frustration cannot be changed, overcome, or adequately resolved, the aggression gets displaced onto an "innocent target". Consistent with the stair step analogy in the figure, the individual's unique set of noxious stimuli surpassing the individual's frustration tolerance resulting in the aggressive act. Not all individuals externalize their aggression. The escalation of stressors may result in symptoms such as withdrawal, increased obsessions, compulsions, or self-mutilation. Social learning programs may address these symptoms or reduce their severity for a period of time. Coping skills need to be learned and relearned until they are internalized.



on a daily basis can reach a level where aggression is acute.

It can be an enormous challenge to help kids get through their daily routines without some frustration leading them to a worst case scenario. When the expelled ASD second grader told me, "I DID feel like I wanted to kill him, that's why I said it", I had to make my best attempt at "reframing" his feelings for him. I let him know that it is okay to feel that way, but there are other ways to say the same thing and we can put other thoughts in our heads for that same feeling. I also spent time encouraging him to hit my couch cushion as hard as he could, saying, "I'm mad". He and his mother practiced this anger management method at home while hitting his pillow and yelling as loud as he wanted. Other challenges in his life were addressed



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### IT TAKES A VILLAGE...

We cannot consider aggression on the spectrum in isolation. Parents, educators, and community members must develop an appreciation of the multifaceted nature of this condition. A biopsychosocial perspective requires us to look at:

- ▶ the neurobiological aspects and antecedents of the condition
- ▶ the psychological factors involving thoughts, emotions, and behaviors
- ▶ the entire social environment that includes family, school, community, and larger society.

In this context, we need to identify the pieces of the puzzle for each individual child to guide us in our anger prevention efforts.

The social environment of the child has an impact upon overall functioning and potential for aggression. Immediate family, extended family, neighbors, community, places of worship, schools, etc., can be a part of the problem or a part of the solution. In my experience, younger children with no siblings are the least aggressive, but those with multiple siblings appear to be less aggressive as preteens or teens. Having siblings when younger provides an opportunity to develop sensitivity for someone else's wants or needs, besides their own, but it may be a rocky road to travel before peace is achieved in the home.

in order to reduce the underlying causes of the negative feelings. It is a constant battle for some kids to keep themselves under control, and anger management techniques are always a part of a successful resolution plan. Punching bags, trampolines, Wii Fit, Wii Sports Resort, and Just Dance are some of the physical activities that help provide a release of emotional energy.

### THE MEDICATION QUESTION

Regarding the neurobiological aspect, over 50% of children on the spectrum are prescribed psychotropic medication ((Martin et al. 1999, Green, et al. 2006). There are many desperate parents that wish to reduce their child's aggression and help them achieve in school. However, the cycle of medication dependence can go on and on. When the first medication does not help, additional medications are frequently prescribed. I have seen four-year-olds on five psychotropic medications with that child's aggression still at the initial level.

Some children, however, do respond to medication. There are many valid reasons to explore other intervention methods, but some argue the analogy of a medical condition: if your child was diabetic, you would allow them to take insulin. With ASD, if there is a deficit of serotonin, a medication to increase serotonin may greatly reduce aggressive symptoms. Rarely in traditional medical settings, however, is the origin of the serotonin deficit pursued or other medically informed avenues explored. Parents often find that they are able to preserve the unique characteristics of the child's personality by utilizing alternatives to medication such as Neurofeedback. Parents must decide for themselves which of the multitude of options to pursue, but all professionals need to allow parents to make informed

choices regarding the variety of options available.

### ASSESSING BEHAVIORS

Regarding the psychological factors that need to be addressed to reduce aggression; structure, consistency, and predictability are the hallmarks. There may be some initial resistance on the child's part when new routines are established, but the increase in self-esteem, security, and confidence that results has an overall positive effect on behavior and cooperation. Parents sometimes find it hard to manage the other aspects of their life and address the need of their child on the spectrum. This recommendation can appear overwhelming to parents, but once put in place, they are grateful for the improvement in behavior and the reduction in their stress and that of the entire family.

Some children and teens with ASD display aggression toward others in school settings. A Functional Behavioral Assessment (FBA) of the behavior by the school would look at the precursors or antecedents and help reveal the payoff for the behavior. The development of, or revision to, the existing IEP is often necessary. It may or may not require the development of a Behavior Intervention Plan (BIP) specifically addressing the information obtained through the FBA.

This is to ensure that appropriate treatment by school authorities is provided and to ensure that the student's "violence" is put in the proper context, no matter what the setting. As soon as an aggressive incident occurs at school, the parent should immediately request an FBA.

Undiagnosed learning disabilities can also have a profound effect upon an individual's ability to maintain emotional equilibrium. When self-esteem is constantly

## APPROPRIATE PREPAREDNESS STRATEGIES

*If your child's frustration levels sometimes lead to challenging behavior, advance preparation for effective support and response are critical...*

By Andrew Gammicchia

- ▶ **Get an ID.** Obtain a state-issued identification card for your child via the same agency that issues drivers' licenses. You'll need to take your child there to be photographed and may have to provide two other forms of ID such as a birth certificate and a school ID card. Most cost only ten to fifteen dollars. Your child's demographic information will then be listed much like yours is on your license. He will also be issued a state ID number so that if you call the police for any reason, they can access that information within seconds and have a photo and much of the needed information for your child. Call ahead (most state DMVs have a website and phone number), explain your situation, and request that you be allowed to avoid waiting in line.
- ▶ **Register with your local police.** Get your home and child registered in your local police department 911 data base. In doing so, your address will be flagged for any emergency situation from medical issues to wandering incidents. The 911 data base will include your child's name, state ID number, diagnosis, and

what officers should know about your child if they are summoned to your home. To see a sample 911 data base sheet, visit [leanonus.org](http://leanonus.org).

- ▶ **Make an in-person visit with local officers.** Introduce your child to local police and emergency medical personnel. Please don't indicate things such as, "If you do something wrong, you'll be jailed." This can cause undue fear and is not a realistic means of changing a child's behavior—nor is notifying the police to come to your home to assist with behavior management. Police are not trained to do so. What officers are trained to do is assist in de-escalating a situation, maintaining the safety of all involved.
- ▶ **Use the appropriate language to describe your child.** Do not state that your child is experiencing a tantrum. Indicating aggression is often misinterpreted to mean an individual is violent. Many reports characterize children to be something they are not. Saying a child is having a "behavioral

challenge" is not less informing or urgent, and is most likely what is transpiring through elevated frustration levels. Some individuals with autism experience frustration to a point where they cannot self-regulate and calm themselves. That is what should be said and indicated in reports and calls to 911 to request assistance from the police.

- ▶ **Have a crisis intervention plan in place.** All members of the family should be well versed in knowing how to ensure safety and what information to advise police should assistance be needed in a crisis situation. Each family member should practice the plan, and know what to do if they are alone with the ASD individual should a behavioral challenge arise. Family members will be more confident if they know what is expected. Only share information that is necessary when requesting assistance and advise personnel of all of your loved one's diagnoses, especially if your child has a dual diagnosis of ASD, a mental health disorder, and/or a seizure disorder. Many officers are now trained on a variety of disabilities and this will assist them to respond appropriately.

### OFFICER ANDREW GAMMICCHIA



Officer Andrew Gammicchia has been a law enforcement officer for over 26 years. He has been the President of L.E.A.N. On Us since 2002 when he co-founded the organization with his wife Carolyn, a disability advocate for the last 20 years. They have developed numerous certified and widely recognized trainings specific to the area of autism, one used statewide in Michigan and also as a model for other states. L.E.A.N. On Us is the only organization to develop a national training program specific to meeting the needs of victims of crime with autism, with the Department of Justice's Office for Victims of Crime. Andrew has testified on the federal level for needs in this area and is a well-known advocate and sought after speaker on the topic of appropriate response and appropriate preparedness. He also serves as a consultant for the Disability and Abuse Project.



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For more on family safety, see Andrew Gammicchia's article in the upcoming August/September *Autism File*.

challenged, frustration can grow quickly. Frequently school systems will refuse to evaluate IQ and achievement levels. When a child is labeled Other Health Impaired (OHI) or with an ASD, their rationale is that the disability is behavioral and not learning-related so no assessment is required. When conducting assessments of children on the spectrum, it is mandatory that all areas of functioning are evaluated. It is not uncommon to find an ASD child with an average IQ score in high school or middle school functioning at the early elementary level in one or more areas of academic functioning. Processing speed/written language are usually the most challenging areas for students on the spectrum. Once such deficits are addressed appropriately, achievement and self-esteem improve and aggression declines.

### SEEKING SUPPORT

Overwhelmed parents of an aggressive child with ASD sometimes forget that there are a multitude of positive resources available for ideas and support. Assistance may come from a variety of sources, including community

resources and stress reduction for the entire family may occur from just one night of respite care. As a child feels less stress from the parents, they may be less aggressive, leading to more positive interaction with parents, resulting in better behavior, and so on.

I've found that the best support for parents is other parents who have been through similar circumstances. If there is not a support group or organization for parents of children on the spectrum in your geographical area, finding one or two other parents with similar concerns may be the catalyst for real change in many lives. Online support is also invaluable to thousands of parents. A therapist or psychologist who "gets it" can also provide behavioral support and conduct a comprehensive evaluation that should lead to more focused interventions.

We need to realize that a child with autism who is being aggressive is communicating to us in the only way they know how, and that something is wrong. Our job is to figure out what is the problem and do whatever is necessary to tackle it. Not an easy task—but well worth the effort. ◀

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### GIVE AUTISM A CHANCE

## MEET ERIK BURINGTON

*A love of animals and a passion for politics inspire academic and professional goals...*

I'm currently 18 years old and will graduate high school in May. Since I was old enough to walk and talk, I've always been fascinated by and comfortable around animals. My mom would take me to the city zoo and we'd end up staying until—or sometimes after—closing time because I felt so relaxed and at peace surrounded by animals (even if they were behind fences in exhibits). My lifelong interest in animals led me to volunteer at that very same zoo, and I've now worked with almost every animal there.

Even though I'll use my interest in animals for my future career, I also like to follow politics. During the 2008 election, I was being home schooled so I had a lot of free time. After then-governor Sarah Palin was introduced at the Republican National Convention, I was captivated by her patriotic presence and her passion for special needs advocacy. I decided to become active in the election, and even got to meet and talk with Ms. Palin herself.

After working hard on the election for two months, I was devastated when we didn't win (remember, this was my very first

political experience). However, I was proud to be involved in this historic election—regardless of the outcome.

After the election, I resumed my work at the zoo and decided to reenroll my old public school as a senior high freshman. I was excited and nervous all at the same time. I hadn't seen my old friends as often as I did when I was in school, but had kept in touch with them. Overall, being back again with all the familiar faces has been a positive experience.

I'm now in my senior year and looking forward to graduation in early May. While continuing to work at the zoo, this fall I'll be attending a two-year college program to receive an associate's degree. My plan is to then attend a four-year school to pursue a degree in wildlife biology. I hope to someday become a zookeeper. ◀